



**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES**

PERFORMANCE IMPROVEMENT SPECIFICATIONS MANUAL

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ENROLLMENT - PENETRATION PROTOCOL

DESCRIPTION

A. PURPOSE:

To maintain a consistent method of identifying how many people have been served in the behavioral health system and the rate in which the system is meeting the needs of the community.

METHODOLOGY

B. DEFINITIONS:

Behavioral Health Category: This is determined by the most current value within the Behavioral Health Category Code field in the Demographic Snapshot. However, the following age sub-definitions apply as determined by the behavioral health recipient's age at the end date of reference:

- Child (Child) – Age must be 0 to less than 18
- Serious Mentally Ill (SMI) – Age must be 18 or greater
- Substance Abuse (SA) – Age must be 18 or greater
- General Mental Health (GMH) – Age must be 18 or greater
- Children's Medical Dental Plan (CMDP) – Age must be 0 to less than 18

Closed Eligibility Segment: An AHCCCS Eligibility record with a start date prior to or the same as the end date of reference and an end date after or the same as the start date of reference.

Closed Enrollment Segment: An enrollment segment with a start date prior to or the same as the end date of reference and an end date after or the same as the start date of reference.

Eligibility Category: This is determined by the value within the Contract Type field in the AHCCCS Eligibility Snapshot. If there was an eligibility segment at any time during the dates of reference, then the segment is selected. In order to determine CMDP Eligibility, the Contract Type value of "7" is used from the AHCCCS At Risk Snapshot. CMDP eligibility supersedes any other eligibility category for behavioral health recipients who are less than 18 years of age.

Enrollment: The count of unduplicated behavioral health recipients who had an intake record at any time during the dates of reference.

Open Eligibility Segment: This is an AHCCCS Eligibility record with a null value in the end date field and a start date prior to or the same as the end date of reference.

Open Enrollment Segment: This is an enrollment segment with a null value in the enrollment closure field and an intake date prior to or the same as the end date of reference.

Penetration: The rate by which the number of Medicaid eligible consumers, as determined by AHCCCS, have been enrolled in the behavioral health system during the dates of reference (*Enrollment ÷ Eligible*).

Snapshot: This refers to a table created from the “live production” data as of a single point in time.

C. ENROLLMENT PROCEDURES:

1. Go to the most current Intake Table Snapshot, extract all intakes that have a valid intake date that is prior to or the same as the end date of reference and a closure date that is null (open segment) or after or the same as the start date of reference.
2. Join this extraction of all intakes from C1 to the most current Closure Table Snapshot. Define join using Contr_ID, Client_ID, and Intake Date.
3. From C2, extract enrollment records using the following Enrollment Closure hierarchy:
 - i. Event Date from the Closure Table Snapshot where a valid Event Date is greater than or equal to the start date of reference. Assign Enrollment Closure Date = Closure.Event_Date
 - ii. If there is no matching record in the Closure Table, then use the Closure Date from the Intake Table Snapshot where a valid Closure Date is greater than or equal to the start date of reference or is Null (blank). Assign Enrollment Closure Date = Intake.Closure_Date (if Intake.Closure_Date is Null, then substitute it with the end date of reference).
4. These are all potential enrollment segments. Join the enrollment segments from C3 to the CIS Primary Client Snapshot to define all enrollments under the Primary Client ID.

Find all Primary Client IDs by defining the join as Enrollment.Client_ID = CISPrimaryID.Client_ID.
Primary Client ID = CISPrimaryID.Primary_Client_ID
Secondary Client ID = Enrollment.Client_ID
If there is no matching CISPrimaryID record then,
Primary Client ID = Enrollment.Client_ID
Secondary Client ID = Enrollment.Client_ID
5. From extract C4, remove Dummy CIS Client IDs. Define join to Dummy Client ID Snapshot using Client_ID and Contr_ID.
6. From extract C5, select the most current enrollment segment based on the Primary Client ID. Define the most current Enrollment segment using the following hierarchy:

- i. Open enrollment segment
- ii. If there are only closed enrollment segments, select the closed segment with the maximum Enrollment Closure.
- iii. If there is more than one segment that meets criteria C6i or C6ii, next refer to the segment with the maximum CIS Add Date.
- iv. If there is more than one segment that meets criteria C6iii, next refer to the segment with the maximum Intake Date.
- v. If there is more than one segment that meets criteria C6iv, next refer to the segment with the maximum Change Control Date.

D. ELIGIBILITY CATEGORY PROCEDURES:

1. Join the Client Demographic Snapshot to the Primary Client ID Snapshot to define each Demographic record under the Primary CIS Client ID.

Find all Primary Client IDs by defining the join as Demographic.Client_ID = CISPrimaryID.Client_ID.

Primary Client ID = CISPrimaryID.Primary_Client_ID

Secondary Client ID = Demographic.Client_ID

If there is no matching CISPrimaryID record then,

Primary Client ID = Demographic.Client_ID

Secondary Client ID = Demographic.Client_ID

2. Join extract D1 with the most current Enrollment C6 based on Client_ID, Contr_ID, and Intake_Date. If multiple demographics exist in extract D2, select the most current Demographic record for each behavioral health recipient based on the Primary Client ID. Define the most current Demographic record using the Primary Client ID and the following hierarchy:

- i. Maximum Demographic Intake Date
- ii. If there is more than one segment that meets criteria D2i, next refer to the segment with the maximum CIS Add Date.
- iii. If there is more than one segment that meets criteria D2ii, next refer to the segment with the maximum Change Control Date.
- iv. If there is more than one segment that meets criteria D2iii, next refer to the segment with the maximum Transaction Code.

3. Join the AHCCCS Eligibility Snapshot to the AHCCCS ID Crosswalk Snapshot to find all Eligibility segments associated with the same behavioral health recipient using the Primary AHCCCS ID. Select the Eligibility segments that have a valid Start Date prior to or the same as the end date of reference and (a valid End Date that is after or the same as the start date of reference or End Date is null).

Find all Primary AHCCCS IDs by defining the join as Eligibility.AHCCCS_ID = Crosswalk.Old_AHCCCS_ID.

Primary AHCCCS ID = Crosswalk.New_AHCCCS_ID

Secondary AHCCCS ID = Eligibility.AHCCCS_ID

If there is no matching Crosswalk record then,

Primary AHCCCS ID = Eligibility.AHCCCS_ID

Secondary AHCCCS ID = Eligibility.AHCCCS_ID

4. Join extract from D3 to the Primary Client ID Snapshot to define each Eligibility segment under the Primary CIS Client ID.

Find all Primary Client IDs by defining the join as Eligibility.Client_ID = CISPrimaryID.Client_ID.

Primary Client ID = CISPrimaryID.Primary_Client_ID

Secondary Client ID = Eligibility.Client_ID

If there is no matching CISPrimaryID record then,

Primary Client ID = Eligibility.Client_ID

Secondary Client ID = Eligibility.Client_ID

5. From extract D4, select the most current Eligibility segment for each behavioral health recipient based on the Primary Client ID. Define the most current Eligibility segment using the Primary Client ID and the following hierarchy:
 - i. Open eligibility segment
 - ii. If there are only closed eligibility segments, select the closed segment with the maximum End Date.
 - iii. If there is more than one segment that meets criteria D6i or D6ii, next refer to the segment with the maximum CIS Add Date.
 - iv. If there is more than one segment that meets criteria D6iii, next refer to the segment with the maximum Start Date.
 - v. If there is more than one segment that meets criteria D6iv, next refer to the segment with the maximum Change Control Date.
6. Join the AHCCCS At Risk snapshot to the AHCCCS SSN Crosswalk snapshot to find all CMDP At Risk segments associated with the same behavioral health recipient using the Primary AHCCCS ID.

Find all segments under the old AHCCCS ID by defining the join as AtRisk.AHCCCS_ID = Crosswalk.Old_AHCCCS_ID.

Primary AHCCCS ID = Crosswalk.New_AHCCCS_ID

Secondary AHCCCS ID = AtRisk.AHCCCS_ID

If there is no matching Crosswalk record then,

Primary AHCCCS ID = AtRisk.AHCCCS_ID

Secondary AHCCCS ID = AtRisk.AHCCCS_ID
7. Join the most current AHCCCS Eligibility segment D5 with the At Risk extract D6 using the Primary AHCCCS ID field from both extracts. Obtain the Primary Client ID from the most current Eligibility segment D5.
8. Since the AHCCCS Eligibility table can have multiple Client IDs for each AHCCCS ID, only the most recent Client ID needs to be associated to each At Risk record. Join the At Risk extract D7 with the most current Enrollment C6 using the Primary Client ID.
9. Select the At Risk record that has an associated enrollment record based on the Primary Client ID.
10. Join all main extracts into one enrollment table based on the Primary Client ID.

Main Intake/Closure Extract (C6)

Main Demographic Extract (D2)

Main AHCCCS Eligibility Extract (D5)

Main At Risk Extract (D9)
11. Assign each Enrollment segment a new Behavioral Health Category (QM_BHC) and a new Eligibility Group (QM_ELIG) using the following “If-Then-Else” logic:

If At Risk Contract_Type = “7” and QM_AGE < 18 then
 QM_BHC = “CMDP” and
 QM_ELIG = “T19-CMDP”
 Else if At Risk Contract_Type = “7” and QM_AGE >= 18 then
 QM_ELIG = “T19”
 Else
 If Eligibility ELG_GRP = “T19” or “DD” or “SDI” then QM_ELIG = “T19”
 If Eligibility ELG_GRP = “T21” or “HI” then QM_ELIG = “T21”
 If Eligibility ELG_GRP = Null (blank) then evaluate Eligibility Contract_Type as follows:
 If Eligibility Contract_Type = “K” or “S” then QM_ELIG = “T19”
 If Eligibility Contract_Type = “V” then QM_ELIG = “T21”
 If Eligibility Contract_Type = “Anything Else” then QM_ELIG = “T19”
If there is no matching eligibility segment, then QM_ELIG = “NON”
 If AGE < 18 and (Demographic Behavioral_Health_Category_Code = *Any value or there is no matching Demographic segment*), then QM_BHC = “Child”
 If AGE => 18 and Demographic Behavioral_Health_Category_Code = “C” or “M” then
 QM_BHC = “GMH”
 If AGE => 18 and Demographic Behavioral_Health_Category_Code = “G” then
 QM_BHC = “SA”
 If AGE => 18 and Demographic Behavioral_Health_Category_Code = “S” then
 QM_BHC = “SMI”
 If AGE => 18 and (Demographic Behavioral_Health_Category_Code = *Any other value or there is no matching Demographic segment*), then QM_BHC = “GMH”
 End If

- 12.** Counting enrollments is a process by which each behavioral health recipient is placed in one distinct category and counted only once. Place each enrollment segment in the appropriate category based on QM_BHC (defined in D11) as follows:

Child includes New_BHC = “Child”
 CMDP-Total includes New_BHC = “CMDP”
 Non-SMI includes New_BHC = “GMH”, “SA”
 SMI includes New_BHC = “SMI”

- 13.** T/RBHA eligible counts are based on the At Risk snapshot table provided by AHCCCS. RBHA’s are determined using counties and T/RBHA’s are determined using zip code definitions provided by AHCCCS. Contract type and behavioral health categories are determined using a combination of codes as follows:

Title XIX child includes CTRT_TYP = K and MH_CATEGORY = C
 Title XIX CMDP child includes CTRT_TYP = 7 and MH_CATEGORY = C
 Title XIX adult includes CTRT_TYP = K, 6, 7 and MH_CATEGORY = S
 Title XXI child includes CTRT_TYP = V and MH_CATEGORY = C
 Title XXI adult includes CTRT_TYP = V, Z and MH_CATEGORY = S

- 14.** Penetration is determined by dividing the Enrollment counts (D10) by the Eligible counts (D13) within designated categories (defined in D11) as follows:

Child Enrollment ÷ Child Eligibility
 CMDP Enrollment ÷ CMDP Eligibility

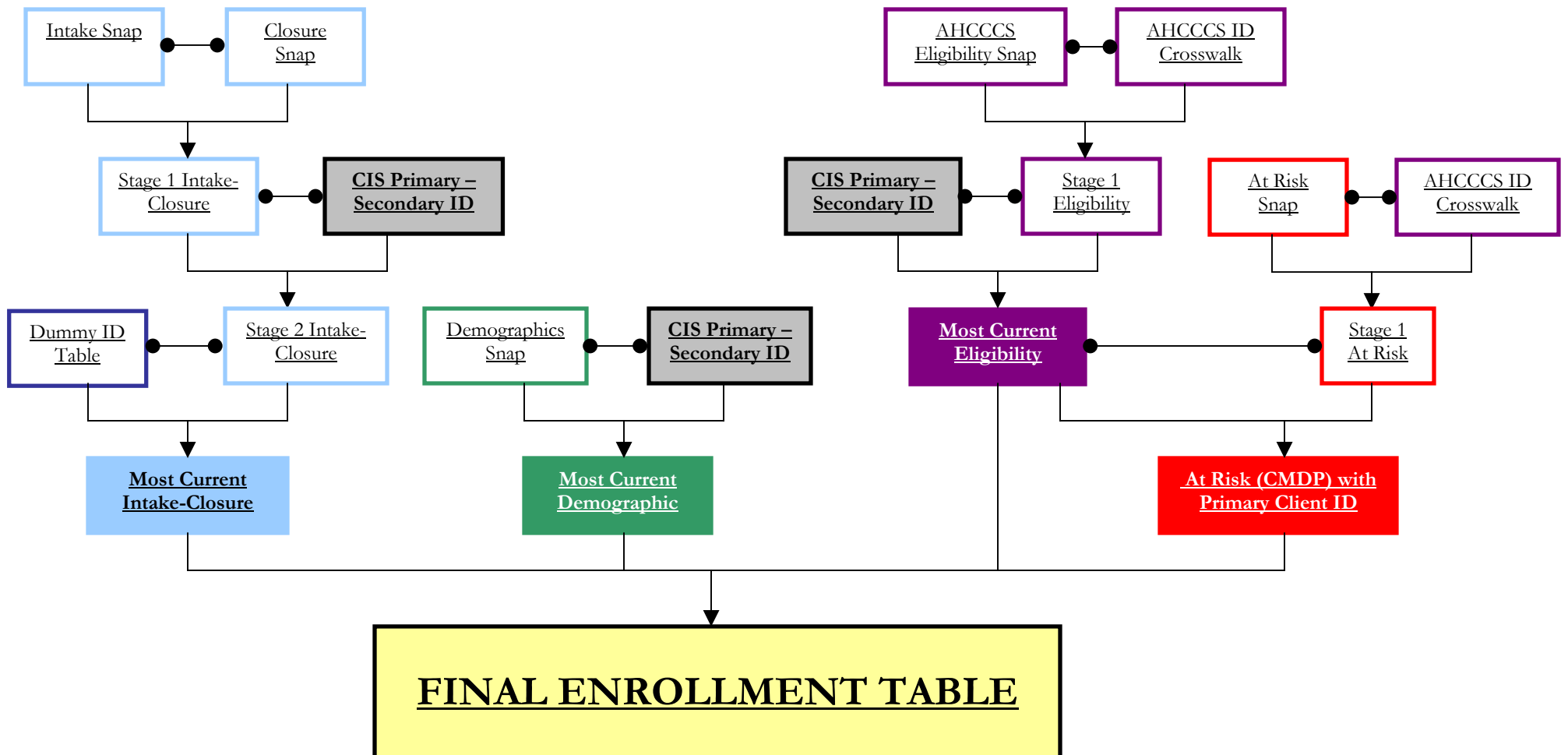
Non-SMI Enrollment ÷ Adult Eligibility
SMI Enrollment ÷ Adult Eligibility

Please refer to Flow Chart (Attachment A).

E. SPECIAL CASES:

1. Primary/Secondary CIS Client IDs for the same behavioral health recipient (combined under Primary CIS Client ID)
2. Dummy CIS Client IDs (removed from enrollment extract)
3. Overlapping intakes at the same or multiple T/RBHAs with or without a closure date. The most current enrollment is selected.
4. Overlapping AHCCCS eligibility segments at the same or multiple T/RBHAs with or without an end date. The most current eligibility segment is selected.
5. Beginning in December 2004, AHCCCS began converting social security number IDs to an Alpha-Numeric ID. Therefore, the AHCCCS SSN Crosswalk Snapshot must be used to identify the Primary AHCCCS ID.
6. There are multiple Client IDs associated to the same AHCCCS ID in the AHCCCS Eligibility Snapshot table. Since the AHCCCS At Risk Snapshot table does not include a CIS Client ID, the Eligibility table is used to obtain the CIS Client ID and any multiple records based on Primary AHCCCS ID must be eliminated. The CIS Client ID is chosen from the most current Eligibility segment.

ADHS/DBHS Enrollment Protocol Flow Chart Used to determine BHC, Eligibility, Age, & Demographics



ENROLLMENT – PENETRATION PROTOCOL
FOR SPECIAL POPULATIONS

Under Development 9/2008

PERFORMANCE MEASURE INCENTIVES

DESCRIPTION

For the Greater Arizona contracts, ADHS has identified 6 Performance Measures to be calculated annually, with incentives paid out for achievement at or above the minimum performance standard. Those measures are:

1. Symptomatic Improvement
2. Overall WFI score
3. Coordination of Care with the PCP
4. Cultural Competency
5. Member/Family Involvement
6. Overall Satisfaction

MINIMUM PERFORMANCE STANDARDS

Symptomatic Improvement: 85%
Overall WFI score: 65%
Coordination of Care with PCP: 80%
Cultural Competency: 75%
Member/Family Involvement: 85%
Overall Satisfaction: 85%

ELIGIBILITY

In order for the RBHA to be eligible for consideration of financial incentives, ADHS must first determine if it meets the standard for submission of timely, complete, and accurate data reporting. Encounter data must be submitted in compliance with the Program Support Procedures Manual

METHODOLOGY

Population

All Title XIX/XXI eligible children and adults for whom performance measures are calculated or WFI interviews are conducted.

Reporting Frequency

Quarterly for Coordination of Care and overall WFI score with an annual roll-up.

Annually for Symptomatic Improvement, Cultural Competency, Member/Family Involvement, and Overall Satisfaction.

Data Source

Symptomatic Improvement: Behavioral Health Recipient Satisfaction Survey

Overall WFI score: WFI interviews

Coordination of Care with PCP (measure #1): CIS, Record Review

Cultural Competency: Behavioral Health Recipient Satisfaction Survey

Member/Family Involvement: Behavioral Health Recipient Satisfaction Survey

Overall Satisfaction: Behavioral Health Recipient Satisfaction Survey

Please see the corresponding Performance Measure specifications for the actual questions on the Behavioral Health Recipient Satisfaction survey that correspond with the Measure.

Calculation

Once the RBHA is determined eligible to receive the incentive based on encounter submission, the annual scores for each performance measure are reviewed to determine if they met the minimum performance threshold established in Section F, Financial Provisions, paragraph 1.c of the Greater Arizona contract. For measures that are calculated for both children and adults, the minimum performance threshold must be met for both populations. Incentives are calculated the following March for the previous fiscal year.

Data Reporting

Data is reported separately for each GSA and population (Child, Adult), as applicable.

QUALITY CONTROL

Data for the Behavioral Health Satisfaction Survey is double entered into an Access database, with noted discrepancies highlighted and referred back to the original document for correction. Refer to the applicable Performance Measure specification for additional information on quality control.

CONFIDENTIALITY PLAN

Data is presented in aggregate form and does not contain individual identifying information. Refer to the applicable Performance Measure specification for additional information on confidentiality.

**ANNUAL MHSIP CONSUMER SATISFACTION SURVEY
PERFORMANCE MEASURES**

CULTURAL COMPETENCY
INFORMED CONSENT
SYMPTOMATIC IMPROVEMENT
MEMBER/FAMILY INVOLVEMENT

MINIMUM PERFORMANCE STANDARDS

1. Cultural Competency:
Minimum: 75%
Goal: 85%
Benchmark: 95%
2. Informed Consent:
Minimum: 85%
Goal: 90%
Benchmark: 95%
3. Symptomatic Improvement:
Minimum: 85%
Goal: 90%
Benchmark: 95%
4. Member/Family Involvement:
Minimum: 85%
Goal: 90%
Benchmark: 95%

The minimum performance standard must be met quarterly by each GSA, for both the Child and Adult populations.

METHODOLOGY

Population

Title XIX / XXI eligible adults and children.

Reporting Frequency

Annually.

Data Source

1. MHSIP Adult Consumer Survey
2. MHSIP Youth Consumer survey

Calculation

1. Cultural Competency –

Question scored, Adult:

#44 – My cultural preferences and race/ethnicity were included in planning the services I received.

Question scored, Youth:

#15 – Staff were sensitive to my cultural/ethnic background.

2. Informed Consent –

Question scored, Adult:

#37 – My doctor explained the benefits, risks, and alternatives of medications prescribed for me and I understood.

Question scored, Youth:

#38 – My child's doctor explained the benefits, risks, and alternatives of medications prescribed for him/her and I understood.

3. Symptomatic Improvement –

Question scored, Adult:

#28 – My symptoms are not bothering me as much.

Question scored, Youth:

#36 – My child's symptoms are not bothering him/her as much.

4. Member/Family Involvement –

Question scored, Adult:

#42 – My family is as involved as I want them to be in my treatment.

Sampling Method – Design

RBHA

A sample frame of the population eligible to take the survey is developed. This provides the pool from which the sample size is determined and the sample population is randomly selected. Two sample frames are developed for each RBHA: one for adults and one for children.

The adult population is defined as behavioral health recipients aged 18 and older. These behavioral health recipients are enrolled in any of the adult programs: General Mental Health, Substance Abuse, or Serious Mental Illness. The children's population is composed of behavioral health recipients aged 17 and under. Age is calculated at the time of creation of the sample frame. In cases where there is a discrepancy between the age of the behavioral health recipient and the behavioral health category, the behavioral health recipient is grouped according to the identified behavioral health category.

The sample frame is composed of all Title XIX/XXI behavioral health recipients enrolled as of the date when the sample frame is developed and meet the eligibility criteria:

- (a) behavioral health recipient must have a community-based mental health service other than transportation, laboratory and/or radiology services, and crisis;
- (b) service must have been received within 6 months prior to the sample pull; and
- (c) behavioral health recipient must not be receiving services in an inpatient treatment setting at the time the sample frame is developed.

In addition to the above, the following behavioral health recipients are excluded from the sample frame:

Behavioral health recipients receiving services from fee-for-service providers
Due to administrative burden, fee for service providers are excluded.

Sampling Method – Drawing of Sample

A statistically valid sample size for adults and children is drawn for each RBHA, and distributed according to enrollment size across the providers. The sample size is determined using a 90% confidence level, with a margin of error of +/- 5%. The determined sample size is adjusted by 50% to allow for over-sampling of cases. Theoretically, the 50% over-sample should address the expected rate of non-participation as a result of behavioral health recipient no-show for scheduled appointment or non-response (either as a choice made by the behavioral health recipient or the sample behavioral health recipient has no scheduled appointment).

A stratified random sampling method through utilizing the SPSS random sampling program is used to identify the sample population. ADHS provides the RBHAs with the calculated sample size as well as the number of sample cases to be selected from each of its provider agencies based on their respective enrollment size. The RBHA then conducts a stratified random selection of behavioral health recipients. Once the sample population has been randomly selected, each provider agency is advised of its sample population. Each provider then conducts a review of the list to determine that at least 85% of the sample has scheduled appointments. The random selection process is repeated until this criterion is satisfied. To ensure that each behavioral health recipient has equal probability of being selected, behavioral health recipients are linked to one provider – the provider where their clinical liaison is affiliated. Once the sample population has been finalized, a control file is created and sent to each of the participating provider agencies. Each provider agency is responsible for identifying the specific provider location or site to which the behavioral health recipient is receiving services at the time of the survey.

TRBHA

The survey is administered utilizing a convenient sample methodology, with all behavioral health recipients who come to the TRBHA/provider site during the survey administration period offered an opportunity to participate.

Distribution Method

The primary distribution method is handing the survey questionnaire to the behavioral health recipient at the provider office (i.e., clinic) by a non-clinical staff. As the behavioral health recipient checks in for their appointment, s/he is provided with a copy of the survey questionnaire to complete. If the behavioral health recipient agrees to participate, s/he is requested to complete the survey prior to his/her appointment. If the behavioral health recipient is unable to complete the questionnaire, s/he is allowed to finish it on site after the appointment or is provided with an addressed, stamped envelope to mail the survey in if they do not have time to complete it in the office. A drop box is provided on site for completed surveys. Additionally, a specific area at the provider office is designated for completing the survey. If the behavioral health recipient randomly selected (RBHA only) has a scheduled appointment at home during the survey window, the provider staff will bring the survey questionnaire at the appointment date. If the behavioral health recipient agrees to participate, s/he will be advised to complete the survey after the staff leaves and to mail the completed questionnaire using the pre-addressed, stamped envelope provided with the survey. A check box in the questionnaire is used to track the distribution method. If there are a sufficient number of cases using each method, the results will be reported separately. Otherwise, all responses irrespective of the distribution method used are combined and analyzed.

Calculations:

Scoring Protocol

The scoring protocol recommended by MHSIP is utilized for evaluating the domain areas within the survey, as follows:

1. Recode ratings of 'not applicable' as missing values.
2. Exclude respondents with more than one-third of the domain items missing.
3. Calculate the mean of the items for each respondent.
4. Calculate the percent of scores that are greater than 3.5

Numerator: Number of survey respondents reporting positively (greater than 3.5) to question associated with specific measure.

Denominator: Number of surveys with response to question associated with specific measure.

Response Rate Calculation

The rate is calculated using the formula: Response rate = A / B. Where:

A= Total number of surveys returned

B= Total number of behavioral health recipients approached or administered the survey

Weighting Methodology

To account for any potential bias created by non-response or over-representation of a particular area, a weighting methodology is used to adjust the data. Weights are applied to the survey data prior to any data analysis.

Data Reporting:

Data is reported by GSA and population (adult, child).

QUALITY CONTROL

The survey is administered to a statistically valid sample of currently enrolled adults and children receiving behavioral health services using a 90% confidence level and a +/- 5% margin of error, with each RBHA's sample number distributed according to enrollment size across the RBHA's providers. Statistical adjustments are applied to data obtained through survey results to correct biases that could be created by non-response or unequal response rates across RBHAs. Weights are applied to the data based on the RBHA population eligible to participate in the survey as a selected respondent. Consumer survey data is double-entered into an Access database. Discrepant entries are flagged and reviewed against the survey form for correction.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

APPROPRIATENESS OF SERVICES

DESCRIPTION

The types and intensity of services, including case management, are provided based on the client's assessment and treatment recommendations.

MINIMUM PERFORMANCE STANDARD

Minimum: 85 %
Goal: 90 %
Benchmark: 95 %

The minimum performance standard must be met quarterly by each GSA, for both the Child and Adult populations.

METHODOLOGY

Population

Sample of Title XIX/XXI children and adults receiving behavioral health services.

Review Frequency

Quarterly, on the 30th day following the end of the quarter. A 3-month lag time is applied to accommodate record review.

*Note: TRBHAs reviews occur twice annually (January and July).

1. ADHS/DBHS Office of Monitoring & Oversight informs the T/RBHA via letter and/or Email of client charts selected for review one (1) month prior to on-site review.
2. ADHS/DBHS Office of Monitoring & Oversight conducts chart reviews for all T/RBHAs to determine if services provided are based on the clients' assessment and treatment recommendations.

Data Source

1. Client Information System (CIS)
2. Record Review by ADHS

Methodology

1. For each GSA, ADHS/DBHS randomly selects 40 TXIX/XXI clients (*10 per population, i.e. Child, SMI, GMH and SA*) utilizing the following inclusion criteria:
 - a. Clients enrolled as of the first day of the reporting quarter and have been continuously enrolled for at least 90 days in the prior 6 months;

- b. Clients have received services other than **ONLY** a transportation, lab, radiology, pharmacy, case management, inpatient service, methadone treatment or crisis service.
2. Numerator = Number of TXIX/XXI records reviewed that document the types and intensity of services, including case management, are provided based on the client's assessment and treatment recommendations.
Denominator = Number of TXIX/XXI records reviewed.

QUALITY CONTROL

Inter-rater reliability studies are conducted after each review by the manager of the Office of Monitoring and Oversight for all staff involved in data collection to ensure consistency in scoring. Retraining is conducted for any staff identified as an outlier.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

SUFFICIENCY OF ASSESSMENTS

DESCRIPTION

Assessments are sufficiently comprehensive for the development of functional treatment recommendations.

MINIMUM PERFORMANCE STANDARD

Minimum: 85 %
Goal: 90 %
Benchmark: 95 %

The minimum performance standard must be met quarterly by each GSA, for both the Child and Adult populations.

METHODOLOGY

Population

Title XIX/XXI children and adults.

Review Frequency

Quarterly, on the 30th day following the end of the quarter.

Data Source

Client Information System (CIS)

Methodology

1. 100% of demographic intakes submitted during the reporting quarter.
2. Numerator = Number of demographic records for TXIX/XXI behavioral health recipients submitted to the ADHS/DBHS Client Information System (CIS) and accepted as complete.
Denominator = Number of demographic records for TXIX/XXI behavioral health recipients submitted to the ADHS/DBHS Client Information System (CIS).

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS/DBHS' Client Information System (CIS) is ensured through pre-processor edits and data validation review of behavioral health recipient medical records by the Office of Program Support.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the RBHA level, and is not presented at an individual client level.

QUALITY OF ASSESSMENTS

DESCRIPTION

The initial and annual assessments are complete and sufficient to develop functional treatment recommendations.

MINIMUM PERFORMANCE STANDARD

Minimum: 85 %
Goal: 90 %
Benchmark: 95 %

The minimum performance standard must be met quarterly by each GSA, for both the Child and Adult populations.

METHODOLOGY

Population

Sample of Title XIX/XXI children and adults receiving behavioral health services.

Review Frequency

Quarterly, on the 30th day following the end of the quarter.

*Note: TRBHA reviews occur twice annually (January and July).

1. ADHS/DBHS Office of Monitoring & Oversight informs the T/RBHA via letter and/or Email of client charts selected for review one (1) month prior to on-site review.
2. ADHS/DBHS Office of Monitoring & Oversight conducts a quarterly chart review for all T/RBHAs to determine if services provided are based on the client's assessment and treatment recommendations.

Data Source

1. Client Information System (CIS)
2. Record Review by ADHS

Methodology

1. For each GSA, ADHS/DBHS randomly selects 40 TXIX/XXI clients (*10 per population, i.e. Child, SMI, GMH and SA*) utilizing the following inclusion criteria:
 - a. Clients enrolled as of the first day of the reporting quarter and have been continuously enrolled for at least 90 days in the prior 6 months;
 - b. Clients have received services other than **ONLY** a transportation, lab, radiology, pharmacy, case management, inpatient service, methadone treatment or crisis service.

2. Numerator = Number of initial and annual assessments that include all the required elements of the assessment and are clinically sound and complete.
Denominator = Number of TXIX/XXI records reviewed.

QUALITY CONTROL

Inter-rater reliability studies are conducted after each review by the manager of the Office of Monitoring and Oversight for all staff involved in data collection to ensure consistency in scoring. Retraining is conducted for any staff identified as an outlier.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

COORDINATION OF CARE

DESCRIPTION

1. The disposition of the referral is communicated to the PCP/Health Plan within 45 days of initial assessment or, behavioral health services are declined, within 45 days of the referral.
2. Behavioral health service providers communicate with and attempt to coordinate care with the member's Primary Care Physician (PCP)/Health Plan.

MINIMUM PERFORMANCE STANDARD

1. Minimum:	80 %	2. Minimum:	70 %
Goal:	90 %	Goal:	80 %
Benchmark:	95 %	Benchmark:	90 %

The minimum performance standard must be met quarterly by each GSA, for both the Child and Adult populations.

METHODOLOGY

Population

1. COC 1 (Referral) – Title XIX/XXI Children and Adults referred by the AHCCCS PCP/Health Plan for behavioral health services
2. COC 2 (Communication) – Title XIX/XXI Children with an Axis III diagnosis; Title XIX/XXI Adults with an SMI and/or Axis III diagnosis; Non-Title XIX SMI adults with an Axis III diagnosis.

Reporting Frequency

Quarterly. 30th day following the end of the quarter. ADHS/DBHS provides the sample to the RBHAs Month 2 of Reporting Quarter, Day 15.

Reporting Format

See attached "Electronic Quality Management Report Template".

Data Source

1. COC 1 (Referral) – RBHA submitted referral logs (Referral Source Code 35).
2. COC 2 (Communication) - Client Information System (CIS), RBHA submitted documentation by population.
3. RBHA Record Review (COC 1 and COC 2)

Record Selection

1. COC 1 (Referral)

- a. Title XIX/XXI behavioral health recipients referred by the PCP / Health Plan during the last month of the previous reporting quarter.
 - b. Adult - If greater than 100 individuals, a random sample that utilizes a 90% confidence level with a 5% error rate is pulled.
 - c. Children - If greater than 100 individuals, a random sample that utilizes a 90% confidence level with a 5% error rate is extracted.
2. COC 2 (Communication)
- a. Title XIX/XXI behavioral health recipients with SMI and/or a chronic medical condition [Axis III].
 - b. Adult – A random sample that utilizes a 90% confidence level with a 5% error rate, divided by four (4) for quarterly sample.
 - c. Children – A random sample that utilizes a 90% confidence level with a 5% error rate, divided by four (4) for quarterly sample.

Calculation

- 1. COC 1 (Referral)
 - a. Numerator = Number of records that contain documentation of communication of the disposition of the referral back to the PCP / Health Plan within the required timeframes.
 - b. Denominator = Number of behavioral health recipients referred by the PCP /health plan.
- 2. COC 2 (Communication)
 - a. Numerator = Number of sample records that contain documentation of coordination of care within the required timeframes.
 - b. Denominator = Number of sample records obtained from CIS demographic data identified as Title XIX/XXI behavioral health recipients with SMI and/or chronic medical condition [Axis III].

Documentation Requirements:

For the purpose of determining the presence of adequate documentation, a minimum of one of the following must be evidenced in the record:

COC 1 (Referral)

- 1.) ADHS/DBHS Referral for Behavioral Health Services PM Form 3.3.1 or similar document completed in its entirety. PM Form 3.3.1 can be accessed in Section 3.3, Referral Process, of the ADHS/DBHS Provider Manual.
- 2.) ADHS/DBHS PM Form 4.3.1, Communication Document, or similar document completed in its entirety. PM Form 4.3.1 can be accessed in Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers, of the ADHS/DBHS Provider Manual.
- 3.) Progress Note, dated and typed or legibly written, that clearly identifies the occurrence of required communication.

COC 2 (Communication)

- 1.) ADHS/DBHS PM Form 4.3.1, Communication Document, or similar document completed in its entirety. PM Form 4.3.1 can be accessed in Section 4.3, Coordination of Care with AHCCCS Health Plans, Primary Care Providers and Medicare Providers, of the ADHS/DBHS Provider Manual.
- 2.) Progress Note, dated and typed or legible written, that clearly identifies the occurrence of required communication.

QUALITY CONTROL

The accuracy and completeness of all required fields on the referral logs submitted by the RBHAs to ADHS/DBHS are checked programmatically and used to calculate error rates. Errors are identified as erroneous or missing data in any of the referral log fields except BHS Client ID. Error rates cannot exceed 5% per GSA per reporting quarter. RBHAs are subject to corrective action, up to and including sanctions, if the error rate exceeds 5% for two consecutive quarters.

ADHS/DBHS periodically requests RBHAs to submit supporting documentation to verify the accuracy of reported data and validate findings. Discrepant findings result in corrective actions and may result in modifications to performance findings for the applicable reporting period.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the RBHA level, and is not presented at an individual member level.

APPOINTMENT AVAILABILITY FOR INITIAL ASSESSMENT

DESCRIPTION

Appointments are available to individuals referred for/requesting services within the contractually required timelines (routine assessments within 7 days of referral).

MINIMUM PERFORMANCE STANDARD

Minimum:	85%
Goal:	90%
Benchmark:	95%

The minimum performance standard must be met quarterly by each GSA, for both the Child and Adult populations.

METHODOLOGY

Population

Title XIX/XXI children and adults.

Review Frequency

1. Referral logs are due to ADHS/DBHS by the 15th of each month for referrals received during the previous month. Referral logs, in comma delimited text format, are placed by each T/RBHA in its T/RBHA-specific named folder, on the ADHS/DBHS network server. ADHS/DBHS has developed strict guidelines regarding data that is required to be included on the monthly referral logs. (See Attachment A for file layout)
2. Access to Care/Routine Appointment Availability is aggregated for quarterly reporting.

Data Source

T/RBHA Referral Logs

Methodology

1. Referrals that contain a "Yes" in the "Title XIX/XXI" field and contain no errors in certain fields are used to calculate compliance with this measure. The following four fields must be error-free:
 - a. Referral Date
 - b. First Appointment Offered Date
 - c. Program Type
 - d. TXIX/XXI Field

2. Calculate number of days between Referral Date and First Appointment Offered Date.
 - a. Number of days = Offered Date – Referral Date.
3. Calculate referrals that are in compliance and out of compliance.
 - a. Referrals with ≤ 7 days from Referral Date to First Appointment Offered Date are in compliance;
 - b. Referrals with ≥ 8 days from Referral Date to First Appointment Offered Date are non-compliant.
4. Referrals are further stratified by Title XIX/XXI children and adults.
 - a. Adults are calculated using referrals with S, M, or G indicated as Program Type.
 - b. Children are calculated using referrals with C or Z indicated as Program Type.

QUALITY CONTROL

ADHS/DBHS programmatically reviews T/RBHA-submitted referral logs for completeness and accuracy of Access to Care data submitted. ADHS provides technical assistance to the T/RBHAs when necessary to improve data collection methods and ensure data submitted to ADHS/DBHS is valid.

ERROR RATE 5%

All fields on the attached Referral Log Column Layout with the exception of BHS Client ID are considered in the calculation of error rates. Errors are identified as erroneous or missing data in any of the referral log fields, except BHS Client ID. Error rates cannot exceed 5% per GSA, per reporting quarter. T/RBHAs are subject to corrective action, up to and including sanctions, if the error rate exceeds 5% for two consecutive quarters.

Two calculations are used to report referral log errors:

1. Field percentage of error = Number of field errors / Number of referrals * 100.
 - a. Example: 120 Referrals, 3 Errors in “Referral Date” field = $3 / 120 * 100 = 2.5\%$ error rate for “Referral Date” field.
2. Total percentage of error = Total number of errors / (Number of fields * Number of Referrals) * 100.
 - a. Example: 120 Referrals, 3 Errors in “Referral Date” field, 4 Errors in “Program Type” field = $7 / (10 * 120) * 100 = .58\%$ total error rate.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the T/RBHA level, and is not presented at an individual client level.

ROUTINE ASSESSMENTS OFFERED WITHIN 7 DAYS OF REFERRAL

REFERRAL LOG COLUMN LAYOUT

Update Date: 10/12/05

Field Name	Definition	Format	Remarks
Title XIX/XXI	Eligibility at Referral.	Text: (1 character) Y, N, U Default: UNKNOWN	Y = Yes, N = No, U = UNKNOWN
Program Type	CHILD, SMI, GMH, SA, SED	Text: C, S, M, G, Z (1 character)	C = Child, S = SMI, M = GMH, G = SA, Z = SED If not enrolled, enter Child or GMH based on age.
Referral Source	Entity or person making referral.	Text: 2 characters Codes match the CIS demographic data definitions for "Referral Source"	01= Self/family/friend 03= Other behavioral health provider 19= Federal agencies (VA, HIS, federal prison, etc.) 35= AHCCCS health plan and/or PCP 36= CPS 24-hour urgent response (child) 37= Community agency other than behavioral health provider (homeless shelter, church, employer) 38= ADES (Other CPS, DDD, RSA) 39= ADE – Department of Education 40= Criminal justice/correctional (includes AAOC probation, ADOC, ADJC, Jail) 41= Other (anything not captured above)
Client Last Name		Text: 15 characters	
Client First Name		Text: 10 characters	
Date of Birth		Text: yyyyymmdd (8 characters)	
BHS Client ID*	ADHS/BHS client ID number.	Text: 10 character	
Referral Date	Date of referral/contact.	Text: yyyyymmdd (8 characters)	
Date First Appointment Offered	Date of first offered appointment.	Text: yyyyymmdd (8 characters)	
Date Appointment Scheduled	Date of actual appointment.	Text: yyyyymmdd (8 characters)	
AHCCCS Provider ID	Agency providing service.	Text: 10 characters	Valid AHCCCS Provider ID

*This field is not mandatory and will not be considered when calculating error rates.

ROUTINE APPOINTMENT FOR ONGOING SERVICES WITHIN 23 DAYS OF INITIAL ASSESSMENT (ASSESSMENT TO FIRST SERVICE)

DESCRIPTION

Routine appointments for ongoing services are received within 23 days after initial assessment.

MINIMUM PERFORMANCE STANDARD

Minimum:	90%
Goal:	95%
Benchmark:	100%

The minimum performance standard must be met quarterly by each GSA, for both the Child and Adult populations.

METHODOLOGY

Population

Title XIX/XXI children and adults

Review Frequency

ADHS/DBHS calculates this performance measure for the reporting quarter, 15 days after the end of the subsequent quarter, allowing a 3 month lag time for encounter submission.

Data Source

Client Information System (CIS)

Methodology

1. ADHS receives the behavioral health recipient enrollment data from the T/RBHAs via Client Information System (CIS).
2. The performance measure has a minimum encounter data submission requirement consistent with Financial Operations. Attachment B outlines minimum performance standards for usable data.

Calculation

1. The percentage of Usable Enrollments is calculated:
Numerator = Number of Usable Enrollments
Denominator = Total Number of Enrollments

2. The percentage of compliance in providing a service within 23 days after assessment is calculated:
Numerator = Number of behavioral health recipients with an intake date during the reporting period with a corresponding assessment encounter within 45 days of the intake date and with an ongoing service encounter within 23 days after the assessment.
Denominator = Total number of behavioral health recipients with an intake date during the reporting period with a corresponding assessment encounter within 45 days of the intake date (usable enrollments).

QUALITY CONTROL

The accuracy and completeness of data submitted by the RBHAs to ADHS' Client Information System (CIS) is ensured through pre-processor edits and random data validation review of behavioral health recipient medical charts.

UNUSABLE DATA

In the event that the prevalence of unusable data (intakes without an assessment encounter within 45 days of intake date) prevents assessment of compliance with this performance measure, ADHS may require documentation from medical chart audits to substantiate the provision of service.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the RBHA level, and is not presented at an individual client level.

DEFINITIONS

1. Assessment
 - The ongoing collection and analysis of a person's medical, psychological, psychiatric, and social condition in order to initially determine if a behavioral health disorder exists and if there is a need for behavioral health services and on an ongoing basis ensure that the person's service plan is designed to meet the person's (and family's) current needs and long-term goals. For the purpose of this performance measure, the assessment must occur within 45 days from the date of Intake. The assessment date is obtained from encounter data. The following codes are used to identify an assessment:

- a. CPT Codes: 90801, 90802, 90885, 96100, 96101, 96102, 96103, 96110, 96111, 96115, 96116, 96117, 96118, 96119, 96120, 99241, 99242, 99243, 99244, 99245, 99271, 99272, 99273, 99274, 99275
- b. HCPCS Codes: H0002, H0031

2. Encounter

- A record of a service rendered by a registered AHCCCS provider to an AHCCCS enrolled behavioral health recipient. RBHAs have 210 days to submit encounter data to ADHS and 120 days to process pending encounter data. Lag time allows for the provider to submit encounter data to the RBHA and, in turn, the RBHA submission to ADHS.

3. Intake

- The collection by appropriately trained T/RBHA/Provider staff of basic demographic information about a person in order to enroll him/her in the ADHS/DBHS system, to screen for Title XIX/XXI AHCCCS eligibility and to determine the need for any co-payments.

4. Usable Data

- Behavioral health recipients with an intake date during the reporting period with a corresponding assessment encounter. The assessment must have occurred within 45 days of the intake date. See Attachment B for minimum standards for usable data.

5. Unusable Data

- Behavioral health recipients with an intake date during the reporting period but no corresponding assessment encounter data or the assessment occurred more than 45 days after the intake date.

6. First Service

- The first service is obtained from the encounter data. There are limitations on the type of billable service rendered within 23 days after assessment that qualify as a first service **if it occurs on the same day as the assessment**. The following comprehensive behavioral health service categories are **excluded** as a first service if it occurs on the same day as the assessment.
 - A. 2. Assessment, Evaluation and Screening Services
 - B. 3. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)
 - B. 4. Psychoeducational Services and Ongoing Support to Maintain Employment
 - C. 2. Laboratory, Radiology and Medical Imaging
 - C. 4. Electro-Convulsive Therapy
 - D. 1. Case Management
 - D. 8. Sign Language or Oral Interpretive Services
 - D. 9. Non-Medically Necessary Covered Services (Flex Fund Services)

- D. 10. Transportation
- G. 3. Mental Health Services NOS (Room and Board)
- I. Prevention Services

Behavioral health recipients may receive any covered service on the same day as the initial assessment, but only included services will be considered in calculation of the performance measure.

See Attachment A for procedure codes that are included/excluded from qualifying as a first service if it occurs on the same day as the assessment. An assessment provided a minimum of one (1) day after the initial assessment would qualify as a first service.

Attachment A
Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
(Service Procedure Codes Included or Excluded as Service on Same Day as Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
W4084	Include	Behavioral health day program-medical (6 hours or more) (per day	Programs	Medical
W4083	Include	Behavioral health day program-medical (min of 3 hours and less th	Programs	Medical
W4082	Include	Behavioral health day program-medical (60 min.)	Programs	Medical
W4081	Include	Behavioral health day program-medical (6 hours or more) (per day)	Programs	Medical
W4080	Include	Behavioral health day program-medical (min of 3 hours and less th	Programs	Medical
W4079	Include	Behavioral health day program-medical (60 min.)	Programs	Medical
W4078	Include	Behavioral health day program-therapeutic (6 hours or more) (per	Programs	Therapeutic
W4077	Include	Behavioral health day program-therapeutic (min. of 3 hours and le	Programs	Therapeutic
W4076	Include	Behavioral health day program-therapeutic (60 min.)	Programs	Therapeutic
W4075	Include	Behavioral health day program-therapeutic (6 hours or more) (per	Programs	Therapeutic
W4074	Include	Behavioral health day program-therapeutic (min. of 3 hours and le	Programs	Therapeutic
W4073	Include	Behavioral health day program-therapeutic (60 min.)	Programs	Therapeutic
W4072	Include	Behavioral health day program-supervised (6 hours or more) (per d	Programs	Supervised
W4071	Include	Behavioral health day program-supervised (min. of 3 hours and les	Programs	Supervised
W4070	Include	Behavioral health day program-supervised (60 min.)	Programs	Supervised
H2020	Include	Therapeutic behavioral services, per diem	Programs	Therapeutic
H2019	Include	Therapeutic behavioral services day program, per 15 minutes up to	Programs	Therapeutic
H2015	Include	Comprehensive community support services, supervised day program	Programs	Supervised
H2012	Include	Supervised behavioral health day treatment, per hour up to 5 hour	Programs	Supervised
H0037	Include	Community psychiatric supportive treatment medical day program, p	Programs	Medical
H0036	Include	Community psychiatric supportive treatment day program, face-to-f	Programs	Medical
W4063	Include	Crisis intervention mobile team (2 person) (30 min.)	Crisis Intervention Services	Mobile
W4062	Include	Crisis intervention mobile (1 person/out of office) (30 min.)	Crisis Intervention Services	Mobile
W4061	Include	Crisis intervention-urgent (5 to 23 hours) (per visit)	Crisis Intervention Services	Crisis Services
W4060	Include	Crisis intervention-urgent (up to 5 hours) (30 min.)	Crisis Intervention Services	Crisis Services
S9485	Include	Crisis intervention mental health services, per diem	Crisis Intervention Services	Crisis Services
S9484	Include	Crisis intervention mental health service, per hour	Crisis Intervention Services	Crisis Services
H2011	Include	Crisis intervention service, per 15 minutes	Crisis Intervention Services	Crisis Services
99285	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99284	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99283	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99282	Include	Emergency department visit for the evaluation and management of a	Crisis Intervention Services	Crisis Services
99281	Include	Emergency Dept Visit for the evaluation and management of a patie	Crisis Intervention Services	Crisis Services
99357	Include	Prolonged physician services in the inpatient setting, requiring	Inpatient Services	Professional
99356	Include	Prolonged physician services in the inpatient setting, requiring	Inpatient Services	Professional
99263	Include	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Professional

Attachment A
Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
(Service Procedure Codes Included or Excluded as Service on Same Day as Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
99262	Include	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Professional
99261	Include	Follow-up inpatient consultation for an established patient, whic	Inpatient Services	Professional
99255	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Professional
99254	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Professional
99253	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Professional
99252	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Professional
99251	Include	Initial inpatient consultation for a new or established patient,	Inpatient Services	Professional
99239	Include	Hospital discharge day management; more than 30 minutes	Inpatient Services	Professional
99238	Include	Hospital discharge day management	Inpatient Services	Professional
99236	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Professional
99235	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Professional
99234	Include	Observation or inpatient hospital care, for the evaluation and ma	Inpatient Services	Professional
99233	Include	Subsequent hospital care, per day, for the evaluation and managem	Inpatient Services	Professional
99232	Include	Subsequent hospital care, per day, for the evaluation and managem	Inpatient Services	Professional
99231	Include	Subsequent hospital care, per day, for the evaluation and managem	Inpatient Services	Professional
99223	Include	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Professional
99222	Include	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Professional
99221	Include	Initial hospital care, per day, for the evaluation and management	Inpatient Services	Professional
99220	Include	Initial observation care, per day for the evaluation and manageme	Inpatient Services	Professional
99219	Include	Initial observation care, per day for the evaluation and manageme	Inpatient Services	Professional
99218	Include	Initial observation care, per day, for the evaluation and managem	Inpatient Services	Professional
90829	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90828	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90827	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90826	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90824	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90823	Include	Individual psychotherapy, interactive, using play equipment, phys	Inpatient Services	Professional
90822	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
90821	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
90819	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
90818	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
90817	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
90816	Include	Individual psychotherapy, insight oriented, behavior modifying an	Inpatient Services	Professional
W2102	Include	Methadone/LAAM administration (take home one dose per day)	Medical Services	Medication Services
W2101	Include	Methadone/LAAM administration (single dose one per day)	Medical Services	Medication Services
W2100	Include	Psychotropic medication, adjustment and monitoring (15 min.)	Medical Services	Medical Management

Attachment A
Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
(Service Procedure Codes Included or Excluded as Service on Same Day as Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
T1003	Include	LPN Services, up to 15 minutes	Medical Services	Medical Management
T1002	Include	RN services, up to 15 minutes	Medical Services	Medical Management
J3410	Include	Injection, Hydroxyzine HCL, up to 25 mg	Medical Services	Medication Services
J2794	Include	Risperidone Injection, long lasting 0.5 MG	Medical Services	Medication Services
J2680	Include	Injection, fluphenazine decanoate, up to 25 mg.	Medical Services	Medication Services
J1631	Include	Injection, Haloperidol decanoate, per 50 mg.	Medical Services	Medication Services
J1630	Include	Injection, Haloperidol, up to 5 mg	Medical Services	Medication Services
J1200	Include	Injection, Diphenhydramine HCL, up to 50 mg	Medical Services	Medication Services
J0515	Include	Injection, Benztropine Mesylate, per 1mg	Medical Services	Medication Services
H2010	Include	Comprehensive medication services, per 15 minutes	Medical Services	Medication Services
H0020	Include	Alcohol and/or drug services; methadone administration and/or ser	Medical Services	Medication Services
99355	Include	Prolonged physician service in the office or other outpatient set	Medical Services	Medical Management
99354	Include	Prolonged physician service in the office or other outpatient set	Medical Services	Medical Management
99350	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
99349	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
99348	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
99347	Include	Home visit for the evaluation and management of an established pa	Medical Services	Medical Management
99345	Include	Home visit for the evaluation and management of a new patient, wh	Medical Services	Medical Management
99344	Include	Home visit for the evaluation and management of a new patient, wh	Medical Services	Medical Management
99343	Include	Home visit for the evaluation and management of a new patient whi	Medical Services	Medical Management
99342	Include	Home visit for the evaluation and management of a new patient whi	Medical Services	Medical Management
99341	Include	Home visit for the evaluation and management of a new patient whi	Medical Services	Medical Management
99333	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99332	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99331	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99323	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99322	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99321	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99303	Include	Evaluation and management of a new or established patient involvi	Medical Services	Medical Management
99302	Include	Evaluation and management of a new or established patient involvi	Medical Services	Medical Management
99301	Include	Evaluation and management of a new or established patient involvi	Medical Services	Medical Management
99215	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99214	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99213	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99212	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99211	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management

Attachment A
Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
(Service Procedure Codes Included or Excluded as Service on Same Day as Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
99205	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99204	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99203	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99202	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
99201	Include	Office or other outpatient visit for the evaluation and managemen	Medical Services	Medical Management
90862	Include	Pharmacologic management, including prescription, use, and review	Medical Services	Medical Management
90815	Include	Individual psychotherapy, interactive, using play equipment, phys	Medical Services	Medical Management
90813	Include	Individual psychotherapy, interactive, using play equipment, phys	Medical Services	Medical Management
90811	Include	Individual psychotherapy, interactive, using play equipment, phys	Medical Services	Medical Management
90809	Include	Individual psychotherapy, insight oriented, behavior modifying an	Medical Services	Medical Management
90807	Include	Individual psychotherapy, insight oriented, behavior modifying an	Medical Services	Medical Management
90805	Include	Individual psychotherapy, insight oriented, behavior modifying an	Medical Services	Medical Management
90782	Include	Therapeutic or diagnostic injection (specify material injected);	Medical Services	Medication Services
80102	Include	Drug, confirmation, each procedure	Medical Services	and Medical Imaging
80101	Include	Drug screen; single drug class, each drug class	Medical Services	and Medical Imaging
80100	Include	Drug screen; multiple drug class	Medical Services	and Medical Imaging
00104	Include	Anesthesia for ECT	Medical Services	Medication Services
00104	Include	Anesthesia for ECT	Medical Services	Medication Services
S5110	Include	Home care training, family (family support), per 15 minutes	Prevention Services	Prevention
W4016	Include	Living skills training-extended (1 hour)	Rehabilitation Services	Living Skills Training
W4015	Include	Living skills training-group (per person) (30 min.)	Rehabilitation Services	Living Skills Training
W4006	Include	Living skills training individual (30 min.)	Rehabilitation Services	Living Skills Training
H2017	Include	Psychosocial rehabilitation living skills training services, per	Rehabilitation Services	Living Skills Training
H2014	Include	Skills training and development, per 15 minutes	Rehabilitation Services	Living Skills Training
97532	Include	Development of cognitive skills to improve attention, memory, pro	Rehabilitation Services	Cognitive Rehabilitation
W4052	Include	Level III behavioral health residential facility (per day)	Residential Services	Health Residen
W4051	Include	Level II behavioral health residential facility (per day)	Residential Services	Health Resident
H0019	Include	Behavioral health long-term residential (non-medical, Non-acute),	Residential Services	Health Residen
H0018	Include	Behavioral health short-term residential, without room and board	Residential Services	Health Resident
Z3070	Include	Continuous in-home respite care (per day)	Support Services	Respite Care
Z3060	Include	Short term in-home respite care (60 min.)	Support Services	Respite Care
Z3050	Include	Personal assistance	Support Services	Personal Assistance
W4050	Include	Therapeutic foster care service (per day)	Support Services	Care
W4049	Include	Peer support-group (per person 30 min.)	Support Services	Peer Support
W4048	Include	Peer support-extended (60 min.)	Support Services	Peer Support
W4047	Include	Peer support (30 min.)	Support Services	Peer Support

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Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
(Service Procedure Codes Included or Excluded as Service on Same Day as Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
W4046	Include	Family support (30 min.)	Support Services	Family Support
W4045	Include	Personal assistance extended (60 min.)	Support Services	Personal Assistance
W4044	Include	Personal assistance (30 min.)	Support Services	Personal Assistance
T1020	Include	Personal care services, per diem (not for inpatient or residentia	Support Services	Personal Assistance
T1019	Include	Personal care services, per 15 minutes (not for inpatient or resi	Support Services	Personal Assistance
S5151	Include	Unskilled respite care, not hospice, per diem	Support Services	Respite Care
S5150	Include	Unskilled respite care, not hospice, per 15 minutes	Support Services	Respite Care
S5145	Include	Foster care child, per diem	Support Services	Care
S5140	Include	Foster care adult, per diem	Support Services	Care
S2015	Include	Supportive housing assistance	Support Services	Services
H2016	Include	Comprehensive community support services (peer support), per diem	Support Services	Peer Support
H0043	Include	Supported Housing	Support Services	Services
H0038	Include	Self-help/peer services (peer support), per 15 minutes	Support Services	Peer Support
W2351	Include	Office/clinic therapy and counseling-group (per member)(15 min.)	Treatment Services	Counseling, Group
W2350	Include	Office/clinic therapy and counseling-family(15 min.)	Treatment Services	Counseling, Family
W2300	Include	Office/clinic therapy and counseling-individual (15 min.)	Treatment Services	Counseling, Individual
W2152	Include	In-home family therapy/counseling(15 min.)	Treatment Services	Counseling, Family
W2151	Include	In-home individual therapy/counseling	Treatment Services	Counseling, Individual
S6001	Include	Native American traditional healing services (15 minutes)	Treatment Services	Other Professional
H0004	Include	Home, individual behavioral health counseling and therapy, per 15	Treatment Services	Counseling, Individual
H0001	Include	Alcohol and/or drug assessment	Treatment Services	Assessment and
99199	Include	Unlisted special service report	Treatment Services	Other Professional
97781	Include	Acupuncture w stimulation	Treatment Services	Other Professional
97780	Include	Acupuncture w/o stimulation	Treatment Services	Other Professional
90901	Include	Biofeedback training by any modality	Treatment Services	Other Professional
90880	Include	Hypnotherapy	Treatment Services	Counseling, Individual
90876	Include	Individual psychophysiological therapy incorporating biofeedback	Treatment Services	Other Professional
90875	Include	Individual psychophysiological therapy incorporating biofeedback	Treatment Services	Other Professional
90857	Include	Interactive group psychotherapy (per member)	Treatment Services	Counseling, Group
90853	Include	Group psychotherapy (other than of a multiple-family group) (per	Treatment Services	Counseling, Group
90849	Include	Multiple-family group psychotherapy (per family)	Treatment Services	Counseling, Family
90847	Include	family psychotherapy (conjoint psychotherapy, with patient presen	Treatment Services	Counseling, Family
90846	Include	Family psychotherapy (without the patient present)	Treatment Services	Counseling, Family
90845	Include	Medical psychoanalysis-no units specified	Treatment Services	Counseling, Individual
90814	Include	Individual psychotherapy, interactive, using play equipment, phys	Treatment Services	Counseling, Individual
90812	Include	Individual psychotherapy, interactive, using play equipment, phys	Treatment Services	Counseling, Individual

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Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
(Service Procedure Codes Included or Excluded as Service on Same Day as Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
90810	Include	Individual psychotherapy, interactive, using play equipment, phys	Treatment Services	Counseling, Individual
90808	Include	Individual psychotherapy, insight oriented, behavior modifying an	Treatment Services	Counseling, Individual
90806	Include	Individual psychotherapy, insight oriented, behavior modifying an	Treatment Services	Counseling, Individual
90804	Include	Individual psychotherapy, insight oriented, behavior modifying an	Treatment Services	Counseling, Individual
90802	Include	Interactive psychiatric diagnostic interview examination using pl	Treatment Services	Assessment and
90801	Include	Psychiatric diagnostic interview examination, unit unspecified.	Treatment Services	Assessment and
S0163	Include	Risperidone Injection, long lasting 12.5 MG	UNKNOWN	UNKNOWN
96101	Include	intellectual abilities, personality and psychopathology	Treatment Services	and
96102	Include	intellectual abilities, personality and psychopathology	Treatment Services	and
96103	Include	intellectual abilities, personality and psychopathology	Treatment Services	and
96116	Include	reasoning and	Treatment Services	and
96118	Include	reasoning and	Treatment Services	and
96119	Include	reasoning and	Treatment Services	and
96120	Include	reasoning and	Treatment Services	and
99304	Include	Initial nursing facility care, per day,	Treatment Services	and
99305	Include	Initial nursing facility care, per day,	Treatment Services	and
99306	Include	Initial nursing facility care, per day,	Treatment Services	and
99307	Include	Subsequent nursing facility care, per day,	Treatment Services	and
99308	Include	Subsequent nursing facility care, per day,	Treatment Services	and
99309	Include	Subsequent nursing facility care, per day,	Treatment Services	and
99310	Include	Subsequent nursing facility care, per day,	Treatment Services	and
99318	Include	Evaluation and management of a patient involving an annual	Treatment Services	and
90772	Include	Therapeutic, prophylactic or diagnostic injection	Medical Services	Medication Services
99304	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99305	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99306	Include	Initial nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99307	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99308	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99309	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99310	Include	Subsequent nursing facility care, per day, for the evaluation	Medical Services	Medical Management
99318	Include	Evaluation and management of a patient involving	Medical Services	Medical Management
99324	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99325	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99326	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99327	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99328	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management

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(Service Procedure Codes Included or Excluded as Service on Same Day as Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
99334	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99335	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99336	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
99337	Include	Domiciliary or rest home visit for the evaluation and management	Medical Services	Medical Management
S9986	Exclude	Not medically necessary service, pt aware that services not medic	Crisis Intervention Services	Crisis Services
99217	Exclude	Observation care Discharge Day Management	Inpatient Services	Professional
G0001	Exclude	Routine venipuncture or finger/heel/ear stick for collection of s	Medical Services	and Medical Imaging
99499	Exclude	Unlisted evaluation and management service	Medical Services	Medical Management
99359	Exclude	Prolonged evaluation and management service before and/or after d	Medical Services	Medical Management
99358	Exclude	Prolonged evaluation and management service before and/or after d	Medical Services	Medical Management
99316	Exclude	Nursing facility discharge day management, more than 30 minutes.	Medical Services	Medical Management
99315	Exclude	Nursing facility discharge day management, 30 minutes or less	Medical Services	Medical Management
99313	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management
99312	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management
99311	Exclude	Subsequent nursing facility care, per day, for the evaluation and	Medical Services	Medical Management
95819	Exclude	Electroencephalogram (EEG) including recording awake and asleep,	Medical Services	and Medical Imaging
93042	Exclude	Rhythm ECG, one to three leads, interpretation and report only	Medical Services	and Medical Imaging
93041	Exclude	Rhythm ECG, one to three leads, tracing only	Medical Services	and Medical Imaging
93040	Exclude	Rhythm ECG, one to three leads, with interpretation and report	Medical Services	and Medical Imaging
93010	Exclude	Electrocardiogram, routine ECG with at least 12 leads; interpreta	Medical Services	and Medical Imaging
93005	Exclude	Electrocardiogram, routine ECG with at least 12 leads; without in	Medical Services	and Medical Imaging
93000	Exclude	Electrocardiogram, routine ECG with at least 12 leads; with inter	Medical Services	and Medical Imaging
90871	Exclude	Electroconvulsive therapy (includes necessary monitoring); multi	Medical Services	Therapy
90870	Exclude	Electroconvulsive therapy (includes necessary monitoring); singl	Medical Services	Therapy
87391	Exclude	Infectious agent antigen detection by enzyme immunoassay techniqu	Medical Services	and Medical Imaging
87390	Exclude	Infectious agent antigen detection by enzyme immunoassay techniqu	Medical Services	and Medical Imaging
86703	Exclude	Antibody; HIV-1 and HIV-2, single assay	Medical Services	and Medical Imaging
86702	Exclude	Antibody; HIV-2	Medical Services	and Medical Imaging
86701	Exclude	Antibody; HIV-1	Medical Services	and Medical Imaging
86689	Exclude	Antibody; HTLV or HIV antibody, confirmatory test (eg, WES)	Medical Services	and Medical Imaging
86593	Exclude	Syphilis test; quantitative	Medical Services	and Medical Imaging
86592	Exclude	Syphilis test; qualitative (eg, VDRL, RPR, ART)	Medical Services	and Medical Imaging
86585	Exclude	TB test tine test	Medical Services	and Medical Imaging
86580	Exclude	TB test (PPD)	Medical Services	and Medical Imaging
85652	Exclude	Sedimentation rate, erythrocyte; automated	Medical Services	and Medical Imaging
85651	Exclude	Sedimentation rate, erythrocyte; non-automated	Medical Services	and Medical Imaging

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Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
(Service Procedure Codes Included or Excluded as Service on Same Day as Assessment)

P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
85048	Exclude	White blood cell (WBC) count	Medical Services	and Medical Imaging
85027	Exclude	Blood count; hemogram and platelet count, automated	Medical Services	and Medical Imaging
85025	Exclude	Blood count; hemogram and platelet count, automated, and automate	Medical Services	and Medical Imaging
85018	Exclude	Blood count; hemoglobin, colorimetric	Medical Services	and Medical Imaging
85014	Exclude	Blood count; hematocrit	Medical Services	and Medical Imaging
85013	Exclude	Blood count; spun microhematocrit	Medical Services	and Medical Imaging
85009	Exclude	Blood count; differential WBC count, buffy coat	Medical Services	and Medical Imaging
85008	Exclude	Blood count; manual blood smear examination without differential	Medical Services	and Medical Imaging
85007	Exclude	Blood count; manual differential WBC count (inc. RBC morphology a	Medical Services	and Medical Imaging
84703	Exclude	Gonadotropin, chorionic (HCG), qualitative	Medical Services	and Medical Imaging
84520	Exclude	Urea nitrogen, blood (BUN); quantitative	Medical Services	and Medical Imaging
84443	Exclude	Thyroid stimulating hormone(TSH), RIA or EIA	Medical Services	and Medical Imaging
84439	Exclude	Thyroxine; free	Medical Services	and Medical Imaging
84436	Exclude	Thyroxine; total	Medical Services	and Medical Imaging
84146	Exclude	Prolactin	Medical Services	and Medical Imaging
84132	Exclude	Potassium; blood	Medical Services	and Medical Imaging
84022	Exclude	Phenothiazines	Medical Services	and Medical Imaging
83992	Exclude	Phencyclidine (PCP)	Medical Services	and Medical Imaging
83925	Exclude	Opiates (morphine, meperidine)	Medical Services	and Medical Imaging
83840	Exclude	Methadone	Medical Services	and Medical Imaging
82977	Exclude	Glutamyltransferase (GGT)	Medical Services	and Medical Imaging
82948	Exclude	Glucose, blood, reagent strip	Medical Services	and Medical Imaging
82947	Exclude	Glucose, quantitative, blood (except reagent strip)	Medical Services	and Medical Imaging
82746	Exclude	Folic Acid	Medical Services	and Medical Imaging
82742	Exclude	Flurazepam	Medical Services	and Medical Imaging
82607	Exclude	Cyanocobalamin (Vitamin B12)	Medical Services	and Medical Imaging
82575	Exclude	Creatinine clearance	Medical Services	and Medical Imaging
82570	Exclude	Creatinine (other than serum)	Medical Services	and Medical Imaging
82565	Exclude	Creatinine; blood	Medical Services	and Medical Imaging
82533	Exclude	Cortisol, total	Medical Services	and Medical Imaging
82530	Exclude	Cortisol, free	Medical Services	and Medical Imaging
82520	Exclude	Cocaine, quantitative	Medical Services	and Medical Imaging
82465	Exclude	Cholesterol, serum or whole blood, total	Medical Services	and Medical Imaging
82382	Exclude	Urinary catecholamines	Medical Services	and Medical Imaging
82205	Exclude	Barbiturate, not elsewhere specified	Medical Services	and Medical Imaging
82145	Exclude	Amphetamine or methamphetamine, chemical, quantitative	Medical Services	and Medical Imaging

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P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
82075	Exclude	Alcohol (ethanol), breath	Medical Services	and Medical Imaging
82055	Exclude	Alcohol (ethanol), blood, urine	Medical Services	and Medical Imaging
81050	Exclude	Volume measurement for timed collection, each	Medical Services	and Medical Imaging
81025	Exclude	Urine pregnancy test, by visual color comparison methods	Medical Services	and Medical Imaging
81005	Exclude	Urinalysis; qualitative or semiquantitative, except immunoassays	Medical Services	and Medical Imaging
81003	Exclude	Urinalysis, without microscopy	Medical Services	and Medical Imaging
81002	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	and Medical Imaging
81001	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	and Medical Imaging
81000	Exclude	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose	Medical Services	and Medical Imaging
80420	Exclude	Dexamethasone suppression panel, 48 hour	Medical Services	and Medical Imaging
80299	Exclude	Quantitation of psychotropic drug, NOS	Medical Services	and Medical Imaging
80182	Exclude	Nortriptyline	Medical Services	and Medical Imaging
80178	Exclude	Lithium	Medical Services	and Medical Imaging
80174	Exclude	Imipramine	Medical Services	and Medical Imaging
80166	Exclude	Doxepin	Medical Services	and Medical Imaging
80164	Exclude	Valproic Acid	Medical Services	and Medical Imaging
80160	Exclude	Desipramine	Medical Services	and Medical Imaging
80156	Exclude	Carbamazepine	Medical Services	and Medical Imaging
80154	Exclude	Benzodiazepines	Medical Services	and Medical Imaging
80152	Exclude	Amitriptyline	Medical Services	and Medical Imaging
80076	Exclude	Hepatic function panel	Medical Services	and Medical Imaging
80061	Exclude	Lipid Panel	Medical Services	and Medical Imaging
80053	Exclude	Comprehensive metabolic panel	Medical Services	and Medical Imaging
80051	Exclude	Electrolyte panel	Medical Services	and Medical Imaging
80050	Exclude	General health panel	Medical Services	and Medical Imaging
80048	Exclude	Basic metabolic panel	Medical Services	and Medical Imaging
70553	Exclude	Magnetic resonance imaging, brain; without contrast material, fol	Medical Services	and Medical Imaging
70552	Exclude	Magnetic resonance imaging, brain; with contrast material	Medical Services	and Medical Imaging
70551	Exclude	Magnetic resonance imaging, brain; without contrast material	Medical Services	and Medical Imaging
70470	Exclude	Computerized axial tomography, head or brain: w/o contrast materi	Medical Services	and Medical Imaging
70460	Exclude	Computerized axial tomography, head or brain: with contrast mater	Medical Services	and Medical Imaging
70450	Exclude	Radiology/brain Tomography W/o	Medical Services	and Medical Imaging
W4031	Exclude	Job coaching and employment support (15 min.)	Rehabilitation Services	Supported Employment
W4030	Exclude	Pre-job training education and development (15 min.)	Rehabilitation Services	Supported Employment
W4020	Exclude	Health promotion (per person) (30 min.)	Rehabilitation Services	Health Promotion
H2027	Exclude	Psychoeducational service (pre-job training and development), per	Rehabilitation Services	Supported Employment

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P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
H2026	Exclude	Ongoing support to maintain employment, per diem	Rehabilitation Services	Supported Employment
H2025	Exclude	Ongoing support to maintain employment, per 15 minutes	Rehabilitation Services	Supported Employment
H0034	Exclude	(Health promotion) medication training and support, per 15 minute	Rehabilitation Services	Health Promotion
H0025	Exclude	Behavioral health prevention/promotion education service (service	Rehabilitation Services	Health Promotion
S2000	Exclude	Room and Board	Residential Services	Room and Board
H0046	Exclude	Mental Health Services NOS	Residential Services	Room and Board
Z3724	Exclude	Taxicab, per mile	Support Services	Transportation
Z3723	Exclude	Urban, wheelchair van, per mile	Support Services	Transportation
Z3722	Exclude	Urban stretcher van, per mile	Support Services	Transportation
Z3721	Exclude	Urban stretcher van, base rate	Support Services	Transportation
Z3717	Exclude	Non-ambulance waiting time (per half hour)	Support Services	Transportation
Z3715	Exclude	Helicopter taxi, non-emergency,	Support Services	Transportation
Z3655	Exclude	Non-covered ground ambulance mileage, per mile (miles traveled be	Support Services	Transportation
Z3648	Exclude	Ambulatory van, rural base rate	Support Services	Transportation
Z3647	Exclude	Rural, stretcher van, per mile	Support Services	Transportation
Z3646	Exclude	Rural, stretcher van, base rate	Support Services	Transportation
Z3645	Exclude	Rural, wheelchair van, per mile	Support Services	Transportation
Z3644	Exclude	Rural, wheelchair van, base rate	Support Services	Transportation
Z3643	Exclude	Rural, non-emergency transport coach van, per mile	Support Services	Transportation
Z3621	Exclude	Ambulatory van, urban base rate	Support Services	Transportation
Z3620	Exclude	Urban non-emergency transport, coach van, per mile	Support Services	Transportation
Z3610	Exclude	Private vehicle, per mile	Support Services	Transportation
Z2999	Exclude	Special transport	Support Services	Transportation
W4043	Exclude	Case management out of office (15 min.)	Support Services	Case Management
W4042	Exclude	Case management office (15 min.)	Support Services	Case Management
W4041	Exclude	Case management-behavioral health professional-out of office (15	Support Services	Case Management
W4040	Exclude	Case management-behavioral health professional-office (15 min.)	Support Services	Case Management
T2049	Exclude	Non emergency transport, stretcher van	Support Services	Transportation
T2007	Exclude	Transportation waiting time, air ambulance and non-emergency vehi	Support Services	Transportation
T2005	Exclude	Non-emergency transportation, non-ambulatory stretcher van	Support Services	Transportation
T2003	Exclude	Non-emergency transportation; encounter/trip	Support Services	Transportation
T1016	Exclude	Office case management by behavioral health professional, each 15	Support Services	Case Management
T1013	Exclude	Sign language or oral interpretive services	Support Services	Interpreter Services
S7001	Exclude	Interpreter services to assist clients	Support Services	Interpreter Services
S6000	Exclude	Flex Funded Service	Support Services	Flex Fund Services
S0215	Exclude	Non-emergency transportation mileage, per mile	Support Services	Transportation

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P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
S0209	Exclude	Wheelchair van mileage, per mile	Support Services	Transportation
A0999	Exclude	Unlisted ambulance service . Determine if an alternative nationa	Support Services	Transportation
A0888	Exclude	Non-covered ambulance mileage, per mile (E.G. for miles traveled)	Support Services	Transportation
A0436	Exclude	Rotary wing air mileage, per statute mile	Support Services	Transportation
A0435	Exclude	Fixed wing air mileage, per statute mile	Support Services	Transportation
A0434	Exclude	Specialty care transport (SCT)	Support Services	Transportation
A0431	Exclude	Ambulance service, conventional air services, transport, one way	Support Services	Transportation
A0430	Exclude	Ambulance service, conventional air services, transport, one way	Support Services	Transportation
A0429	Exclude	Ambulance service; basic life support base rate, emergent. transp	Support Services	Transportation
A0428	Exclude	Ambulance service; basic life support base rate, non-emergency tr	Support Services	Transportation
A0427	Exclude	Ambulance service, advanced life support, emergency transport, le	Support Services	Transportation
A0426	Exclude	Ambulance service, advanced life support, non-emergent. transport	Support Services	Transportation
A0425	Exclude	Ground mileage, per mile	Support Services	Transportation
A0422	Exclude	Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaini	Support Services	Transportation
A0420	Exclude	Ambulance waiting time (ALS or BLS), 1/2 hour increments	Support Services	Transportation
A0398	Exclude	ALS routine disposable supplies	Support Services	Transportation
A0382	Exclude	BLS routine disposable supplies	Support Services	Transportation
A0210	Exclude	Non-emergency transport: ancillary services-meals-escort	Support Services	Transportation
A0200	Exclude	Non-emergency transport: ancillary services-lodging -escort	Support Services	Transportation
A0190	Exclude	Non-emergency transport: ancillary services-meals-recipient	Support Services	Transportation
A0180	Exclude	Non-emergency transport: ancillary services-lodging-recipient	Support Services	Transportation
A0170	Exclude	Non-emergency transport: ancillary services-parking fees, tolls,	Support Services	Transportation
A0160	Exclude	Non-emergency transport; mile - case worker or social worker	Support Services	Transportation
A0140	Exclude	Non-emergency transport; and air travel (private or commercial) i	Support Services	Transportation
A0130	Exclude	Non-emergency transport; wheel-chair van., base rate	Support Services	Transportation
A0120	Exclude	Non-emergency transportation: mini-bus, mountain area transports	Support Services	Transportation
A0110	Exclude	Non-emergency transport via intra- or interstate carrier	Support Services	Transportation
A0100	Exclude	Non-emergency transport; taxi, intra-city, base rate	Support Services	Transportation
A0090	Exclude	Non-emergency transportation, per mile, vehicle provided by indiv	Support Services	Transportation
99373	Exclude	Telephone call, complex or lengthy (eg, lengthy counseling sessio	Support Services	Case Management
99372	Exclude	Telephone call, intermediate (eg, to provide advice to an establi	Support Services	Case Management
99371	Exclude	Telephone call by a physician or for consultation or medical mana	Support Services	Case Management
99362	Exclude	Medical conference by a physician with interdisciplinary team of	Support Services	Case Management
99361	Exclude	Medical conference by a physician with interdisciplinary team of	Support Services	Case Management
90889	Exclude	Preparation of report of patient's psychiatric status, history, t	Support Services	Case Management
90887	Exclude	Interpretation or explanation of results of psychiatric, other me	Support Services	Case Management

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Routine Appointments for Ongoing Services Within 23 Days of Initial Assessment
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P_CODE	Include/Exclude	PROCEDURE_NAME	CAT_DESCRIPTION	SUBCAT_DESCRIPTION
90882	Exclude	Environmental intervention for medical management purposes on a p	Support Services	Case Management
S9000	Exclude	Auricular Acupuncture	Treatment Services	Other Professional
W4005	Exclude	Assessment comprehensive(30 min.)	Treatment Services	Assessment and
W4003	Exclude	Screening(15 min.)	Treatment Services	Assessment and
W4002	Exclude	Assessment rehabilitative employment support (30 min.)	Treatment Services	Assessment and
W4001	Exclude	Assessment general(30 min.)	Treatment Services	Assessment and
H0031	Exclude	Mental health assessment, by non-physician 30 minute increments	Treatment Services	Assessment and
H0002	Exclude	Behavioral health screening to determine eligibility for admissio	Treatment Services	Assessment and
99275	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Assessment and
99274	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Assessment and
99273	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Assessment and
99272	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Assessment and
99271	Exclude	Confirmatory consultation for a new or established patient, which	Treatment Services	Assessment and
99245	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Assessment and
99244	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Assessment and
99243	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Assessment and
99242	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Assessment and
99241	Exclude	Office consultation for a new or established patient, which requi	Treatment Services	Assessment and
96117	Exclude	Neuropsychological testing battery (eg, Halstead-Reitan, Luria, W	Treatment Services	Assessment and
96115	Exclude	Neurobehavioral status exam (clinical assessment of thinking, rea	Treatment Services	Assessment and
96111	Exclude	Developmental testing: extended (includes assessment of motor, l	Treatment Services	Assessment and
96110	Exclude	Developmental testing; limited (eg, developmental screening test	Treatment Services	Assessment and
96100	Exclude	Psychological testing (includes psychodiagnostic assessment of pe	Treatment Services	Assessment and
90899	Exclude	Unlisted psychiatric service or procedure	Treatment Services	Other Professional
90885	Exclude	Psychiatric evaluation of hospital records, other psychiatric rep	Treatment Services	Consultation,
36415	Exclude	Collection of venous blood by venipuncture	Laboratory, Radiology and	Medical Management

Attachment B

Access to Care: Assessment to First Service Minimum Performance Standards for Usable Data

Timeframe	How Measured	Minimum Performance Standard	Benchmark Performance Standard
Quarter 1 (July 1 – September 30)	Compare the number of members with an effective enrollment date during Quarter 1 (July - September) with encounter data for an assessment, to the number of members with an effective enrollment date during the reporting quarter (July through September).	35%	70%
Quarter 2 (October 1 – December 31)	Compare the number of members with an effective enrollment date during the reporting quarter (October - December) with encounter data for an assessment, to the number of members with an effective enrollment date during the reporting quarter (October - December). Refresh the encounter data for the previous reporting quarter and restate Quarter 1 (July – September)	45%	75%
Quarter 3 (January 1 – March 31)	Compare the number of members with an effective enrollment date during the reporting quarter (January - March) with encounter data for an assessment, to the number of members with an effective enrollment date during the reporting quarter (January - March). Refresh the encounter data for the previous two reporting quarters and restate Quarter 1 (July – September) & Quarter 2 (October – December)	55%	80%
Quarter 4 (April 1 – June 30)	Compare the number of members with an effective enrollment date during the reporting quarter (April - June) with encounter data for an assessment, to the number of members with an effective enrollment date during the reporting quarter (April - June). Refresh the encounter data for the previous three reporting quarters and restate Quarter 1 (July – September), Quarter 2 (October – December), and Quarter 3 (January – March)	65%	85%
Annual Summary Annual summary FY 2006 due by March 1, 2007	Annual Fiscal Year Summary. Compare the number of members with an effective enrollment date during each of the 4 quarters of FY06 (July 1, 2005 – June 30, 2006) with encounter data for an assessment, to the number of members with an effective enrollment date during each of the 4 reporting quarters (July 1, 2005 – June 30, 2006).	85%	85%

COMPLAINT REPORTING

DESCRIPTION

Report of all complaints pertaining to Title XIX/XXI Children and Adult and Non Title XIX SMI Adults. Complaints may be received by the RBHA and ADHS/DBHS Customer Service. Complaints may be lodged by eligible/enrolled members, family members, providers and community stakeholders.

ADHS/DBHS defines a complaint as an expression of dissatisfaction with any aspect of care, other than the appeal of actions.

METHODOLOGY

Population

Title XIX/XXI children and adults; Non Title XIX SMI Adults.

Reporting Frequency

Quarterly (the 30th day following the end of the quarter).

Reporting Format

See 'Electronic Quality Management Report Template'.

Data Source

RBHA Submitted Complaint Logs to Sherman Server
Electronic Quality Management Report

Calculation of Rate per 1000

$$\frac{\text{Total Number of Complaints}}{\text{Total Number Enrolled}} \times 1000$$

T/RBHA Reporting Requirements

Complaint data is stratified by:

- Population
- Program Type

Performance Improvement Specifications Manual

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Page 1 of 2

- Complaint Category/Sub-category
- Covered Service Category/Sub-category
- Treatment Setting
- Resolution

Refer to ADHS Policy GA 3.6, Complaint Resolution for data stratification definitions. Complaint data logs shall adhere to Attachment A, Complaint Log Data Layout Specifications.

QUALITY CONTROL

ADHS/DBHS reviews RBHA complaint logs for logic and consistency with ADHS/DBHS mandated complaint data specifications.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA compliant. All data is aggregated at the RBHA level, and is not presented at an individual member level.

Specifications

Complaint Log Data Layout

Column Format

Field Name	Definition	Format	Remarks
Client Last Name		Text: 15 characters	
Client First Name		Text: 10 characters	
Complaint Date	The date the RBHA was contacted with the complaint.	Date: yyymmdd (8 characters)	
Title XIX/XXI Eligibility	Status of the member's Title XIX/XXI eligibility at the time of the complaint.	Text: (1 character) Y/N	Y = Yes, N = No
Complaint Description		Text. Defined categories should be used.	Standard categories and sub-categories created by workgroup should be used.
Complaint Source	Person or entity making the complaint.	Text. Defined categories should be used.	Standard categories created by workgroup should be used.
Communication Needs	Any identified communication needs, such as the need for a translator, TTY phone, etc...	Text. Defined categories should be used.	Standard categories created by workgroup should be used. Extra categories can be added to meet RBHA needs.
Resolution Reached			Standard categories created by workgroup should be used.
Length of time (for resolution)	The length of time, in days, that it took to resolve the complaint from the time of the call to closure.	Text	Count the number of days from call to closure.
Extension Granted	Complaints should be resolved within specified time frames; if not, an extension must be granted.	Text: (1 character) Y/N	Y = Yes, N = No
Covered Service Category	Covered service related to complaint.	Text: (5 characters) Codes from Covered Services Guide used if applicable.	Refer to Covered Services Guide for Valid Values.
Treatment Setting	Treatment setting related to complaint.	Text	Standard categories created by workgroup should be used. Extra categories can be added to meet RBHA needs.
Program Type	Child, SMI, GMH, SA, SED	Text: C, S, M, G, Z (1 character)	C = Child, S = SMI, M = GMH, G = SA, Z = SED

FOLLOW UP SERVICE AFTER DISCHARGE FROM A FACILITY

DESCRIPTION

Provision of a mental health service within 30 days of discharge from a facility.

PERFORMANCE STANDARD

Minimum: 79%

Goal: 90%

The minimum performance standard must be met quarterly by each GSA, for both the Child and Adult populations.

METHODOLOGY

Population

All Title XIX/XXI eligible children and adults discharged from a facility during the reporting period.

Reporting Frequency

Data is collected monthly by the RBHA and reported to ADHS quarterly utilizing the Quarterly UM Report Template.

Data Source

RBHA facility tracking logs, encounter data.

Calculation

- A. Determine TXIX/XXI behavioral health recipients discharged from a facility during the month.
- B. Align discharged behavioral health recipients with HEDIS specifications for “eligible” behavioral health recipients.
- C. Behavioral health recipients are not included in the calculation if:
 - <6 years old
 - Disenrolled within 30 days of discharge
 - Were admitted to a facility within 30 days of discharge. These discharges are excluded because the subsequent admission may prevent an ambulatory follow-up visit from taking place. Table will be duplicated on behavioral health recipients if they had multiple discharges occurring 30 days or more of each other. If multiple discharges occur within 30 days of each other, use only the last discharge.
- D. Subtract date of follow up service from date of discharge to calculate the number of days after discharge the service was provided.

- E. See Attachment A for lists of Revenue Codes and Encounter Service Codes that qualify as “valid” codes.
- F. The percentage of behavioral health recipients who received a service within 7 days of discharge is calculated.
Numerator: Number of Discharged behavioral health recipients with a follow up service encounter within 7 days of discharge.
Denominator: Number of Discharged behavioral health recipients.
- G. The percentage of behavioral health recipients who received a service within 30 days of discharge is calculated.
Numerator: Number of Discharged behavioral health recipients with a follow up service encounter within 30 days of discharge.
Denominator: Number of Discharged behavioral health recipients.

QUALITY CONTROL

The accuracy and completeness of encounter data submitted by the RBHAs to ADHS/DBHS' Client Information System (CIS) is ensured through encounter validation studies conducted by the Office of Program Support. RBHAs found in non-compliance are subject to sanctions.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level. Data collected for the Follow up Service after Discharge measure is used only for this project.

Attachment A**Follow-up Service After Discharge
Performance Measure**

Revenue codes to be included: 513, 900, 901, 909-916, 961.

Encounter Service Codes for Follow-up Service:

90804	90806	90808	90810	90812
90814	90845	90853	90857	90847
90849	90801	90802	90885	99243
99244	99245	90805	90807	90809
90811	90813	90815	90862	99201
99202	99203	99204	99205	99211
99212	99213	99214	99215	99341
99342	99343	99344	99345	99347
99348	99349	99350	90870	90871
90816	90817	90818	90819	90821
90822	90823	90824	90826	90827
90828	90829	99241	99242	H0004*
90782	H0020	H2010	H2019	H2020
80299	J0515	J1200	J1630	J1631
J2680	J3410	S0163	T1002	T1016
H0025	H0034	H0036	H0037	H0038
H2012	H2014	H2015	H2016	H2017
H2025	H2026	H2027	T1003	T1019
T1020				

AVERAGE LENGTH OF STAY

DESCRIPTION

For behavioral health recipients admitted to a facility, the average number of days they remain in the facility.

METHODOLOGY

Population

The population includes all TXIX/TXXI-eligible adults and children who were admitted to and discharged from a facility during the measurement period.

Reporting Frequency

Data is collected monthly by the RBHA and reported to ADHS quarterly utilizing the Quarterly UM Report Template.

Data Source

RBHA inpatient tracking.

Calculation

1. For each behavioral health recipient, the Length of Stay (LOS) is based on the number of days from the date the behavioral health recipient was admitted into the facility to the date that the behavioral health recipient was discharged from that facility.

The formula for this process is as follows:

$$\text{Length of Stay (LOS)} = \text{Discharge Date} - \text{Admission Date}$$

The Average Length of Stay is calculated as follows:

1. Add the Lengths of Stay for all behavioral health recipients discharged from facilities to obtain the Total Length of Stay.
2. Count all records showing a discharge from a facility to obtain the Total Number of Discharges.
3. Divide the Total Length of Stay by the Total Number of Discharges to obtain the Average Length of Stay.

The formula for this process is as follows:

$$\frac{\text{Total Length of Stay}}{\text{Total Number of Discharges}} = \text{Average Length of Stay}$$

Data Reporting

Data is reported separately for each GSA by adult, child, and treatment setting.

QUALITY CONTROL

RBHAs are responsible for verifying the accuracy of the data submitted for this measure and may be required to submit verification to ADHS upon request.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

READMISSION RATE

DESCRIPTION

The percentage of behavioral health recipients discharged from a facility and readmitted within 30 days.

METHODOLOGY

Population

TXIX/TXXI eligible adults and children.

Reporting Frequency

Data is collected monthly by the RBHA and reported to ADHS quarterly utilizing the Quarterly UM Report Template. All behavioral health recipients discharged during the previous month are assessed for a readmission within 30 days of discharge.

Data Source

RBHA facility tracking databases.

Calculation

A readmission occurs when a behavioral health recipient is admitted to the same or different level of care within 30 days of discharge from a facility. The readmission rate applies to the treatment setting from which the behavioral health recipient was discharged.

The Readmits table identifies readmissions during the reporting period, using the following methodology:

1. Identify individuals who were in facility care for the reporting month.
2. Identify the behavioral health recipients discharged during the previous month.
3. Put these two groups of records together to provide the base for identifying readmits.
4. Sort the records by Client ID and Admission Date.
5. For behavioral health recipients with at least two records in this sorted list, examine the Discharge Date (in the END_DT field) of the first record and the Admission Date (in the ADMISSION_DT field) of the second record.
6. Subtract the Admission Date of the second record from the Discharge Date of the first record and examine the result to see if it qualifies as a readmission.
7. If the result is 0 or 1, the result represents a transfer and not a readmission. A transfer occurs when a behavioral health recipient admitted the same day or the next day following a discharge.

8. If the result is in the 2 to 30 range, it qualifies as a readmission. These are behavioral health recipients admitted within 30 days of a discharge.
9. If the result is more than 30, it does not qualify as a readmission; it is considered to be a separate admission.
10. Continue in this manner through the sorted list.

Example of a transfer:

Discharge Date 6/16/2006 followed by Admit Date 6/16/2006 or 6/17/2006

Example of a readmission:

Discharge Date 6/16/2006 followed by Admit Date 6/18/2006

The methodology for the readmission rate is to take the total number of inpatient encounters that were found to be readmissions within 30 days and divide it by the total number of discharge inpatient encounters. The result is the Percent of Readmission and the formula for it is as follows:

$$\frac{\text{Number of behavioral health recipients Readmitted within 30 Days} \times 100}{\text{Number of Discharges}} = \text{Percent of Readmission}$$

QUALITY CONTROL

RBHAs are responsible for ensuring the accuracy of the information provided and may be required to submit verification to ADHS upon request.

ERRORS

An error is defined as being encounters in the sorted readmission base table where the Discharge Date of a behavioral health recipient's discharge inpatient encounter is greater than or equal to the Admission Date of the next inpatient encounter for that behavioral health recipient in the sorted table.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

SHOWING REPORT

DESCRIPTION

Each RBHA must submit a Quarterly Showing Certification signed by their Medical Director or CEO to ADHS as specified in the ADHS/RBHA contract. The report is due to ADHS by the **10th day of the month following the end of each reporting quarter**. The Certification page is mailed or faxed to:

Office of Medical Management
Bureau of Quality Management Operations
Division of Behavioral Health Services
Arizona Department of Health Services
150 N. 18th Avenue, Suite 240
Phoenix, Arizona 85007
Fax: (602) 364-4749

ADHS must report the findings of the Showing Reports to AHCCCS by the 17th day of the month following the end of each quarter.

METHODOLOGY

Population

The population includes all Title XIX or XXI-eligible children and adults who were in a Level 1 facility during the reporting quarter.

Data Reporting

The Showing Report findings submitted by ADHS to AHCCCS must include the following:

- A copy of the signed Certification page for each RBHA.
- A cover letter addressed to AHCCCS, signed by the ADHS/DBHS Deputy Director and Medical Director.

Copies of the cover letter to AHCCCS and Showing Report Findings are mailed to each RBHA Executive Director.

QUALITY CONTROL

A document detailing the requirements for the RBHAs submission of the Showing Report to ADHS is attached to the end of this document.

A Showing Report checklist for ADHS is attached to the end of this document.

ERROR RATE

All errors must be corrected prior to submission to AHCCCS. An error is defined as an omission or inaccurate information in any required field.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

**Arizona Department of Health Services
SHOWING REPORT CHECKLIST**

T/RBHA: _____ **Reporting Quarter:** _____
Date: _____

Issue	OK? (Y/N)	Comments
<i>T/RBHA Submission</i>		
1. Attestation page is received		
2. Standardized Attestation form is used		
3. Attestation page has correct dates reflecting current reporting quarter		
4. Attestation page is properly signed with signature dated		
5. Run Copy of records sent by T/RBHA		
<i>Clerical</i>		
1. AHCCCS letter is signed by DBHS Deputy Director and Medical Director		

Show_check.doc

**INCIDENT/ACCIDENT/DEATH TRENDING REPORT
AND
SECLUSION AND RESTRAINT REPORTING**

DESCRIPTION

1. Incidents, accidents and deaths for all behavioral health recipients
 2. Seclusion and restraint for behavioral health recipients in Licensed Level I Facilities
-

METHODOLOGY

Population

1. Incidents/Accidents/Deaths

All enrolled adults and children (GMH, SA, SMI, C/A) receiving behavioral health services through a T/RBHA who were involved in a reported incident, accident, or death during the reporting period.

2. Seclusion and Restraint

All enrolled adults and children (GMH, SA, SMI, C/A) receiving behavioral health services through a T/RBHA, who were in Level I facilities, and were secluded and/or restrained during the reporting period.

Reporting Frequency

Quarterly (the 30th day following the end of the quarter).

Data Reporting

1. Incidents/Accidents/Deaths

- Number of incidents, accidents, deaths for the reporting period by
 - Type
 - Cause
 - Behavioral Health Category (GMH, SA, SMI, C/A)
- Percent of incidents, accidents, deaths for the reporting period by
 - Type
 - Cause
 - Behavioral health category

Numerator = Total number of incidents, accidents, deaths for the reporting quarter

Denominator = Total number enrolled in T/RBHA

- Trending of incidents, accidents, death by
 - Type
 - Cause
 - Behavioral Health Category
 - Per 1000 enrolled
- Data analysis to include contributing factors and root cause analyses when indicated.

2. Seclusion and Restraint

- Percent of Behavioral Health Recipients Secluded (unduplicated)

Numerator = Total number of unduplicated behavioral health recipients who were secluded at least once during the reporting period X 100

Denominator = Total number of unduplicated behavioral health recipients who were inpatient during the reporting period

- Percent of Behavioral Health Recipients with Multiple Seclusion Episodes

Numerator = Total number of behavioral health recipients who were secluded 2 or more times within 24 hours during the reporting period X 100

Denominator = Total number of behavioral health recipients who were inpatient during the reporting period.

- Average Time in Seclusion

Numerator = Total number of minutes that all behavioral health recipients spent in seclusion.

Denominator = Total number of seclusions.

- Compliance with Seclusion Timeframes (see AAC R9-20-602.C5):

Numerator = Number of restraint occurrences compliant with seclusion timeframes.

Denominator = Total number of seclusions.

- Percent of Behavioral Health Recipients Restrained (unduplicated)

Numerator = Total number of unduplicated behavioral health recipients who were restrained at least once during the reporting period X 100.

Denominator = Total number of unduplicated behavioral health recipients who were inpatient during the reporting period.

- Percent of Behavioral Health Recipients with Multiple Restraint Episodes

Numerator = Total number of behavioral health recipients who were restrained 2 or more times within 24 hours during the reporting period X 100.

Denominator = Total number of behavioral health recipients who were inpatient during the reporting period.

- Average Time in Restraint

Numerator = Total number of minutes that all behavioral health recipients spent in restraint.

Denominator = Total number of restraints.

- Compliance with Restraint Timeframes (see AAC R9-20-602.C5)

Numerator = Number of restraint occurrences compliant with restraint timeframes.

Denominator = Total number of restraints.

- Percent of Behavioral Health Recipients Pharmacologically Restrained (unduplicated) by age band and reason for event.

Numerator = Total number of unduplicated behavioral health recipients pharmacologically restrained at least once during the reporting period X 100.

Denominator = Total number of unduplicated behavioral health recipients inpatient.

Data Source

1. Incidents/Accidents/Deaths

T/RBHA Incident Reports; Provider Manual, Section 7.4, PM form 7.4.1.

2. Seclusion and Restraint:

T/RBHA Incident Reports; Provider Manual Section 7.3, PM form 7.3.1.

Data Collection

1. Incidents/Accidents/Deaths

Data is collected and reported at the time of the incident.

2. Seclusions and Restraints

Data is collected and reported at the time of the seclusion and/or restraint.

QUALITY CONTROL

1. Incidents/Accidents/Deaths

The number of incidents and accidents reported should be consistent with the number of Incident Reports submitted to the T/RBHA. The number of reported deaths will be reviewed against the ADHS/DBHS Morbidity and Mortality database for accuracy in reporting. ADHS/DBHS may conduct periodic data validation activities to monitor for data quality and completeness.

2. Seclusion and Restraint

The number of seclusions and restraints reported should be consistent with the number of Level I facility S & R reports received by the T/RBHA. ADHS/DBHS may conduct periodic data validation activities to monitor for data quality and completeness.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

**ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES
MORTALITY REVIEW FORM: Children, SMI-Enrolled Recipients and Non-SMI Enrolled Recipients**

ADHS DOCKET# _____

DBHS OFFICE USE ONLY

T/RBHA: _____

Date of Report: _____

Date of Death: _____

I. CLIENT INFORMATION

Client Name: _____

Client ID#: _____ SS #: _____

Date of Birth: _____ Sex: Male _____ Female _____

Select One: Child ____ Adult SMI ____ Adult GMH/SA ____

Select One: TXIX TXXI Non-TXIX/XXI

Marital Status: _____ Ethnicity: _____

Last Residence: _____ Private Residence: _____ Alone: _____ W/Family: _____ W/Non Family: _____

Supported Housing: Alone: _____ W/Family: _____ W/Non Family: _____

Supervisory Care: _____ Arizona State Hospital: _____ Behavioral Health Facility: _____

Homeless: _____ Nursing Home/Hospice: _____ Jail: _____

Other (Please describe): _____

Date of Enrollment (Most recent date if multiple enrollment dates): _____

THE FOLLOWING SECTION DOES NOT REQUIRE COMPLETION IF THE REPORTED DEATH OF A NON-SMI BEHAVIORAL HEALTH RECIPIENT IS DUE TO A NATURAL CAUSE

TO COMPLETE THE FOLLOWING SECTIONS, THE ASSESSOR MUST REVIEW THE LAST 12 MONTHS OF THE MEDICAL RECORD

II. DEATH INFORMATION

Has the cause of death been determined? Yes _____ No _____

If no, please specify the date when autopsy will be completed: _____

If yes, please complete the following information:

Reported cause of death: _____

Did client commit suicide? Yes _____ No _____ Cannot Determine _____

Location of death: _____

All information regarding this case is confidential under 42 CFR 438.240, A.R.S. 36-445, A.R.S. 36-2401 et. seq., and A.R.S. 36-2917

Last Revision: 06/05/2006

Effective: 10/01/2006

Did the person have a history of suicide attempts?

☐ Yes

☐ No

If yes, describe any strategies used by the behavioral health practitioner or clinical team to prevent future attempts (attach a copy of the relevant documentation):

Describe circumstances concerning the client's death up to 4 weeks previous, if relevant. Include statements made by client, family, witnesses, how you learned about the client's death, emergency interventions/services provided, and client's response to these services. (Must include substance abuse, significant loss, medical problems, and recent release from jail within the last 12 months, etc.).

Current Course of Treatment & Brief History:

Outline in chronological order the clinical course of behavioral health treatment over the past three (3) months (include information about client participation, intensity of case management and services, hospitalization, response to treatment, medication non-compliance, etc.).

Date	Service	Summary of Encounter/Participation/Outcome/ Mental Health Status

III. PSYCHIATRIC & PSYCHOSOCIAL INFORMATION

Psychiatrist/Prescriber (Name): _____

Date of last contact with Psychiatrist/Prescriber: _____

How long has this Psychiatrist/Prescriber been working with this consumer? _____

Date of last contact with Nurse: _____

Clinical Liaison (Name and Phone #): _____

All information regarding this case is confidential under 42 CFR 438.240, A.R.S. 36-445, A.R.S. 36-2401 et. seq., and A.R.S. 36-2917

Last Revision: 06/05/2006

Effective: 10/01/2006

Date of last contact with Clinical Liaison: _____

How long has this Clinical Liaison been working with this consumer: _____

Most Recent Psychiatric Dx: _____ Axis I- Codes: _____

Axis II- Code: _____

Most Recent Medical Dx: _____ Axis _____ III _____ Codes: _____

Current Medications (Psychiatric and Non-Psychiatric) – Type & Dosage:

IV. MEDICAL INFORMATION

Primary Care Physician (Name): _____

Brief description of physical health one (1) year prior to death (include information about history of pain management treatment, frequent Emergency Department visits, and other specific issues that would impact health and the need to coordinate care with the Primary Care Physician):

V. Reason Why Addendum Required:

- ☐ Suicide ☐ Homicide ☐ Drug overdose (prescribed or illicit)
- ☐ Accident ☐ Unexpected or unusual medical causes ☐ Request of ADHS/DBHS
- ☐ Not Applicable

VI. Was Corrective Action Taken?

☐ Yes ☐ No

If yes, please describe.

All information regarding this case is confidential under 42 CFR 438.240, A.R.S. 36-445, A.R.S. 36-2401 et. seq., and A.R.S. 36-2917

Last Revision: 06/05/2006

Effective: 10/01/2006

MORTALITY REVIEW ADDENDUM

1. Did the person have family members involved with his or her behavioral health care? ☐ Yes ☐ No
If yes:

a. Describe what information was obtained from family members/guardian in terms of history of symptoms and treatment; early signs of decompensation; typical course of decompensation:

b. Describe what information obtained from family members/guardian was incorporated in the treatment approach used by the behavioral health practitioner or clinical team:

c. Describe what information/education was provided to family members/guardian with the enrolled person's consent or to the extent allowed by state law:

2. Did the person have co-occurring substance abuse issues? ☐ Yes ☐ No

If yes, describe the treatment services that were offered/received that specifically addressed the substance abuse and the outcomes of such treatment:

3. Was the person adhering to treatment recommendations (taking medication as prescribed, attending appointments, etc.)? ☐ Yes ☐ No

If no, please explain, including engagement and outreach efforts, clinical team communication/decision making, and if petition/amendment was considered when appropriate:

If yes, describe what steps were taken to ensure the person received needed treatment. Were there any identified unmet needs?

All information regarding this case is confidential under 42 CFR 438.240, A.R.S. 36-445, A.R.S. 36-2401 et. seq., and A.R.S. 36-2917

Last Revision: 06/05/2006
Effective: 10/01/2006

4. Did the person experience troublesome symptoms or side effects of medication that interfered with his or her ability to function? ☐ Yes ☐ No

If yes, describe what steps were taken to improve the person's status or overall ability to function:

5. Had the person been discharged from an inpatient or residential setting within 30 days prior to the death? ☐ Yes ☐ No

If yes, describe what steps were taken to ensure that coordinated discharge planning with the clinical team occurred and the person's needs were adequately met in the lower level of care:

6. SMI Behavioral Health Recipients: Did the person have co-occurring medical conditions, requiring medical care? ☐ Yes ☐ No

a. If yes, describe actions taken by the behavioral health practitioner or clinical team to coordinate medical care:

b. If no medical practitioner, describe actions taken by the behavioral health practitioner or clinical team to obtain needed medical care:

7. Is the cause of death still under review? ☐ Yes ☐ No

If yes, please specify the date when investigation will be completed: _____

Name & Title of Person Preparing Report:

Signature	Title	Date
-----------	-------	------

Name and Title of T/RBHA Person completing clinical/medical review, when indicated:

Signature	Title	Date
-----------	-------	------

T/RBHA Medical Director or Designee:

Signature	Date
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All information regarding this case is confidential under 42 CFR 438.240, A.R.S. 36-445, A.R.S. 36-2401 et. seq., and A.R.S. 36-2917

Last Revision: 06/05/2006

Effective: 10/01/2006

CHILDREN'S SYSTEM OF CARE STRUCTURAL ELEMENTS

DESCRIPTION

The Structural Elements are a series of quality management reports that are utilized to measure growth within the children's behavioral health system, with the goal to serve all children and their families in accordance with the 12 Arizona Principles. The data is submitted monthly by the T/RBHAs and a rolling 6-month report is available electronically on the ADHS/DBHS Common drive. The reports are also accessible on the ADHS/DBHS website, covering a 12-month period in quarterly intervals, to compare change over time.

METHODOLOGY

Population

All Title XIX/XXI children and young adults under the age of twenty-one (21).

Reporting Frequency

Monthly.

Data Source

T/RBHA-submitted Children's System Structural Elements data.

ADHS/DBHS Enrollment Penetration Report (http://www.azdhs.gov/bhs/enroll_pen.htm.)

Data Collection Timeline and Delivery

T/RBHA reports are submitted via e-mail to the ADHS/DBHS Quality Management Department by the 15th day following the end of each reporting month. Monthly data is a snapshot of activity as of the final day of the reporting month.

Data Reporting

Refer to Attachment A for data elements included in T/RBHA reports.

The Structural Elements reports published by ADHS/DBHS Quality Management Department include:

- Percent of T/RBHA-enrolled children with Functioning Child and Family teams
- Percent of T/RBHA-enrolled children placed out of home
- Number and percentage of enrolled children in out of home placements by type of placement (Level 1,2,3)
- Number and percentage of enrolled children placed out-of-state
- Percent of T/RBHA-enrolled children who are receiving Home Care Training services.

QUALITY CONTROL

Significant fluctuations in numbers reported each month are verbally checked with the T/RBHA.

CONFIDENTIALITY PLAN

Data is presented in aggregate form. Reports do not contain individual identifying information.

CHILDREN'S SYSTEM STRUCTURAL ELEMENTS

1. Child and Family Teams - point in time as of final day of the reporting period:												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
a. # of personnel trained by RBHA and currently available to facilitate CFT process												
b. # of currently functioning CFTs*												

2. Use of Out-of-Home Services - point in time as of final day of the month:												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
a. # of children in out-of-state placements												
b. # of children in Level I placements (Total)												
• Inpatient hospitalization/Subacute facility												
• Level I Residential Treatment Center												
c. # of children in Level II placements												
d. # of children in Level III placements												
e. # of children in HCT services												

3. Urgent Behavioral Health Response for Children Entering Foster Care- submit RBHA totals covering all days in the calendar month, broken down as follows:												
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
a. # of referrals for Urgent BH Response for Children Entering Foster Care												
b. # of children in 3a. above who were already enrolled with RBHA prior to this referral												
c. # of children in 3a. above who are below age 5 ("birth thru four") at time of this referral												
d. # of Urgent BH Responses for Children Entering FC completed this month												

Definitions:

FUNCTIONING Child and Family Team: a.) is facilitated by a trained person; b.) the CFT has met at least one time and,

since then, has continued to function in accordance with ADHS technical assistance document #3, The Child and Family Teams Process;

Level 1 psychiatric acute hospital means an inpatient treatment program that provides continuous treatment to an individual who is experiencing a behavioral health issue that causes the individual: To be a danger to self, a danger to others, or gravely disabled; or to suffer severe and abnormal mental, emotional, or physical harm that significantly impairs judgment, reason, behavior, or the capacity to recognize reality. Level 1 sub-acute agency means an inpatient treatment program that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual: to have a limited or reduced ability to meet the individual's basic physical and age-appropriate needs; to be a danger to self, a danger to others, or gravely disabled; or to suffer severe and abnormal mental, emotional, or physical harm that impairs judgment, reason, behavior, or the capacity to recognize reality.

Level I RTC: Inpatient psychiatric treatment, which includes an integrated residential program of therapies, activities, and experiences provided to persons who are under 21 years of age and have severe or acute behavioral health symptoms.

Note: In some regions individuals other than behavioral health representatives (e.g., family members, CPS workers, community volunteers) have been trained by the RBHA to facilitate the CFT process. The "trained person" need not necessarily be an employee of the behavioral health system for the purpose of counting "functioning CFTs".

RBHA data will be submitted directly to Tilmon Broadway (broadwt@azdhs.gov), ADHS Quality Management Operations, by the 15th day following the end of each reporting month. Reported data will be compiled monthly and shared publicly (e.g., ADHS website).

PHARMACY REPORT

METHODOLOGY

Population

Title XIX/XXI children and adults receiving behavioral health services through the RBHA.

Reporting Frequency

Quarterly.

Data Source

RBHA pharmacy data.

Data Reporting

Data is reported via Excel spreadsheets submitted to the Office of Medical Management 45 days post-quarter. Data must be reported per Attachment A.

QUALITY CONTROL

RBHAs are responsible for establishing quality controls to ensure data is accurate and complete. ADHS reviews data for notable trends or possible discrepancies and sends to the RBHA for correction.

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level.

Arizona Department of Health Service

FY06, 3rd Quarter
Jan 1 - March 31, 2006

RBHA Pharmacy Data

	Total Member Months	Pharmacy Count	Number Prescriptions PMPM	Cost PMPM	Average Cost Generic	Average % generic prescriptions	Total Ingredient Cost	Average Ingredient Cost	Total Dispensing Fee	Total Amount Paid	Total Cost per Prescription	Average Cost Multi- source prescription	Average cost single source prescription
RBHA													

SUBSTANCE USE DISORDER AND CO-OCCURRING DISORDERS

DESCRIPTION

Purpose:

To maintain a consistent method of defining the population of behavioral health recipients with substance use and co-occurring substance use/mental health disorders. This protocol applies to the following:

1. Annual Report on Substance Abuse Treatment (ARS 36-2023)
2. Substance Abuse Performance Partnership Block Grant
3. Community Mental Health Services Block Grant
4. Master List Performance Measures
5. Ad hoc reporting

METHODOLOGY

Definitions:**Persons with Substance Use Disorder**

Behavioral health recipients for whom substance use is identified.

Co-Occurring Disorder

Behavioral health recipients for whom both substance use and a co-existing mental health disorder is identified.

Procedures:**Persons with Substance Use Disorder**

1. Any record with an Axis 1 (fields Axis 1.1 through Axis 1.5) substance use diagnosis (where the 1st 3 digits of the DSM IV code is 291, 292, 303, 304, or 305, excluding tobacco related codes such as 305.1 and 305.10) OR
2. Any record with a Behavioral Health Category: Substance Abuse (Value = "G") OR
3. Any record with a primary or secondary or tertiary substance problem type that is not equal to "none" (Value = "0001") or is not blank.
 - a. For 0201 Alcohol, exclude SA Freq. of 1 (no use), 2 (1-3 times in past month), and 3 (1-2 times per week)
4. Identification of behavioral health recipients as Substance Abuse may also be completed by combining the proceeding criteria and providing an unduplicated count.

Co-Occurring Disorders

1. Establish unduplicated records with a substance use disorder (as above)

Performance Improvement Specifications Manual

Revision Date: June 29, 2007

Page 1 of 2

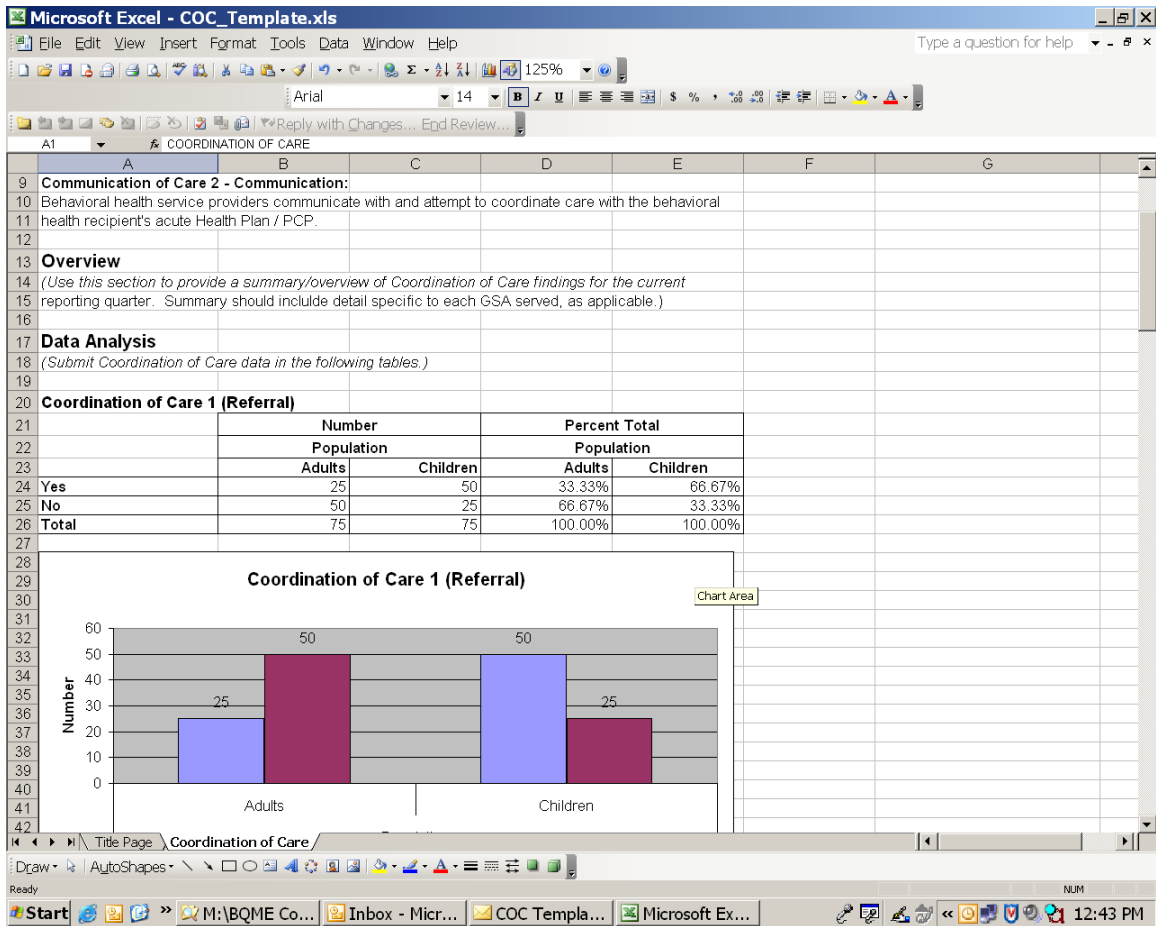
2. Stratify group by records with substance use disorder only (single diagnosis procedure) and records with substance use disorders and one or more mental health disorders (mental health disorder DSM IV codes in fields Axis 1.2 through Axis 1.5 or Axis 2.1 through 2.2).
3. Stratify both groups by Adult and Child.
4. Stratify Adult by SMI Adult, Non-SMI Adult

Data Source

Client Information System (CIS) Client Demog table

CONFIDENTIALITY PLAN

All data accessed for calculation of this performance measure is confidential and HIPAA-compliant. All data is aggregated at the RBHA level only and is not presented at an individual level. Data collected for the substance use disorder and co-occurring disorders measure is used only for this project.



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1	RBHA NAME										
2											
3	Service Utilization - Level 1 (Adult)			October, 2008				November, 2008			
4	Service			Re-Admission Rates % of Total Discharges	Average Length of Stay	F/U After Discharge - 7 Days	F/U After Discharge - 30 Days	Re-Admission Rates % of Total Discharges	Average Length of Stay	F/U After Discharge - 7 Days	F/U After Discharge - 30 Days
5	Level I Inpatient										
6	Level I Subacute										
7	Service Utilization - Level II & III (Adult)			October, 2008				November, 2008			
8	Service			Total Placements	Average Length of Stay	F/U After Discharge - 7 Days	F/U After Discharge - 30 Days	Total Placements	Average Length of Stay	F/U After Discharge - 7 Days	F/U After Discharge - 30 Days
9	Level II Residential										
10	Level III Residential										
11											
12	Service Utilization - Level 4 (Adult)			October, 2008				November, 2008			
13	Service			Total Members	Re-Admission Rates % of Total Discharges	Average Length of Stay	F/U After Discharge - 7 Days	F/U After Discharge - 30 Days	Total Members	Re-Admission Rates % of Total Discharges	Average Length of Stay
14	Level 4										
15											
16											
17											
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Utilization(Adult) Authorizations(Child) Utilization(Child) Medication(Adult&Child)											
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Universal Record Review
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Client ID (Required)
Date of Interview (Required)
ADHS Reviewer First Name
ADHS Reviewer Last Name
RBHA
Provider
Recipient First Name
Recipient Last Name
DOB
Behavioral Health Category
T19
T21
Referral Source
Active CFT
CASII Score
Enrollment Date
Is there a current assessment?
Date of current assessment
Date of previous assessment
Date of Treatment Plan
Date of last treatment Plan

SPECIAL ASSISTANCE

Was the individual assessed for need of special assistance?
Does the individual need Special Assistance?
Who is providing special assistance?

CASE MANAGEMENT

Are SMI Clients receiving appropriate levels of case management?
SMI Client case management level
Are children receiving appropriate levels of case management?
Child case management level?
Are Substance Abuse Clients receiving appropriate levels of case management?
SA case management level

ADVANCE DIRECTIVES

Was the individual over the age of eighteen during the review period?
There is evidence that the individual was informed of the opportunity to develop an Advanced Directive:
There is evidence that the individual accepted or rejected the Opportunity

INFORMED CONSENT FOR NEW PSYCHOTROPIC MEDS

Individuals and/or parents/guardians are informed about and give consent for all new psychotropic medications prescribed
Benefits/intended outcome of treatment
Individual Risk and side Effects
Possible alternatives to the proposed medications
Possible results of not taking the recommended medication
The persons right to withdraw voluntary consent for meds at any time
Was the DBHS standard informed consent form used for all new psychotropic meds?

ASSESSED FOR MOVEMENT DISORDERS

Upon Initiation of all new antipsychotic Meds
At least annually for individuals continuing on antipsychotic medications

ADVERSE REACTIONS

If the individual has been prescribed psychotropic medication and adverse reactions or side effects were noted progress notes include documentation of follow-up actions to address adverse effects:
If the individual has been prescribed any NEW psychotropic medication during the review period the record includes documentation of specific target symptoms for each medication:

Open Questions Form

Record: 14 of 1

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Universal Record Review - [Client_Review_Detail_FRM]

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Question for help



Client ID	Date	Question #	Question Description	Yes or No	Score
ASSESSMENT - Initial Documentation					
12344	5/6/2008	1	a. Is there an initial assessment or annual update?	<input type="checkbox"/>	0
bi. For children over 5 and adults the core assessment includes					
12344	5/6/2008	2	Presenting Concerns	<input type="checkbox"/>	0
bi. For children over 5 and adults the core assessment includes					
12344	5/6/2008	3	The Medical and Behavioral Questionnaire (must be completed or reviewed at initial appointment)	<input type="checkbox"/>	0
bi. For children over 5 and adults the core assessment includes					
12344	5/6/2008	4	Criminal Justice (must be completed at the initial appointment but if indicated as necessary the criminal justice addendum can be completed at a follow-up appointment)	<input type="checkbox"/>	0
bi. For children over 5 and adults the core assessment includes					
12344	5/6/2008	5	Substance Related Disorders (Part A must be completed at initial appointment and Part B and C if indicated as necessary)	<input type="checkbox"/>	0
bi. For children over 5 and adults the core assessment includes					
12344	5/6/2008	6	Abuse/Sexual Risk Behavior (must be completed at initial appointment with some questions only completed if appropriate)	<input type="checkbox"/>	0
bi. For children over 5 and adults the core assessment includes					
12344	5/6/2008	7	Risk Assessment (must be completed at initial appointment with some questions only completed if appropriate)	<input type="checkbox"/>	0
bi. For children over 5 and adults the core assessment includes					
12344	5/6/2008	8	Mental Status Exam	<input type="checkbox"/>	0
bi. For children over 5 and adults the core assessment includes					
12344	5/6/2008	9	Clinical Formulation and Diagnoses	<input type="checkbox"/>	0
bi. For children over 5 and adults the core assessment includes					
12344	5/6/2008	10	Next Steps/Interim Service Plan	<input type="checkbox"/>	0

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Universal Record Review - [Client_Review_Detail_FRM]

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Question for help

Client ID	Date	Question #	Question Description	Yes or No	Score
bia.For children over age 5 and adults the assessment addenda includes					
12344	5/6/2008	11	Living Environment (for all Behavioral Health Recipients) Family/Community Involvement (for all Behavioral Health Recipients)	<input type="checkbox"/>	0
bia.For children over age 5 and adults the assessment addenda includes					
12344	5/6/2008	12	Educational/Vocational Training (for school age children and adults if appropriate)	<input type="checkbox"/>	0
bia.For children over age 5 and adults the assessment addenda includes					
12344	5/6/2008	13	Employment (for Behavioral Health Recipients 16 years and older or as pertinent) Developmental History (for all children and for adults who have developmental	<input type="checkbox"/>	0
bia.For children over age 5 and adults the assessment addenda includes					
12344	5/6/2008	14	Criminal Justice (for Behavioral Health Recipients with legal system involvement)	<input type="checkbox"/>	0
bia.For children over age 5 and adults the assessment addenda includes					
12344	5/6/2008	15	Problem Gambling Screening (for Behavioral Health Recipients age 16 and older when applicable)	<input type="checkbox"/>	0
bia.For children over age 5 and adults the assessment addenda includes					
12344	5/6/2008	16	SMI determination (for Behavioral Health Recipients who request an SMI determination or who have a qualifying SMI diagnosis and a GAF score that is 50 or lower)	<input type="checkbox"/>	0
bia.For children over age 5 and adults the assessment addenda includes					
12344	5/6/2008	17	Child Protective Services (used for 24 hour urgent responses for children removed by CPS)	<input type="checkbox"/>	0
bia.For children over age 5 and adults the assessment addenda includes					
12344	5/6/2008	18	Special Suicide Risk Assessment (for Behavioral Health Recipients in crisis situations and when it is clinically indicated)	<input type="checkbox"/>	0
bib. Children age 5 the core assessment includes					
12344	5/6/2008	19	Reason for assessment	<input type="checkbox"/>	0
bib. Children age 5 the core assessment includes					
12344	5/6/2008	20	Childs Routines/Activities	<input type="checkbox"/>	0

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Universal Record Review - [Client_Review_Detail_FRM]

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Client ID	Date	Question #	Question Description	Yes or No	Score
bib. Children age 5 the core assessment includes					
12344	5/6/2008	21	Developmental Issues	<input type="checkbox"/>	0
bib. Children age 5 the core assessment includes					
12344	5/6/2008	22	Child's Medical History	<input type="checkbox"/>	0
bib. Children age 5 the core assessment includes					
12344	5/6/2008	23	Risk Assessment	<input type="checkbox"/>	0
bib. Children age 5 the core assessment includes					
12344	5/6/2008	24	Family Information	<input type="checkbox"/>	0
bib. Children age 5 the core assessment includes					
12344	5/6/2008	25	Observation of the Family/Child Interactions	<input type="checkbox"/>	0
bib. Children age 5 the core assessment includes					
12344	5/6/2008	26	Clinical Formulations and Diagnoses;	<input type="checkbox"/>	0
bib. Children age 5 the core assessment includes					
12344	5/6/2008	27	Next Steps/Interim Service Plan	<input type="checkbox"/>	0
bic. Children age 5 the assessment addenda includes					
12344	5/6/2008	28	Family Culture and History Addenda	<input type="checkbox"/>	0
bic. Children age 5 the assessment addenda includes					
12344	5/6/2008	29	Developmental Checklist or Ages and Stages Questionnaire	<input type="checkbox"/>	0
bic. Children age 5 the assessment addenda includes					
12344	5/6/2008	30	Behavioral Analysis	<input type="checkbox"/>	0

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Question for help



Client ID	Date	Question #	Question Description	Yes or No	Score
bic. Children age 5 the assessment addenda includes					
12344	5/6/2008	31	Medical Care	<input type="checkbox"/>	0
bic. Children age 5 the assessment addenda includes					
12344	5/6/2008	32	Child Protective Services	<input type="checkbox"/>	0
A SERVICES/TREATMENT SUMMARY consider?					
12344	5/6/2008	33	i. significant medical conditions and response to treatment;	<input type="checkbox"/>	0
A SERVICES/TREATMENT SUMMARY consider?					
12344	5/6/2008	34	ii. significant laboratory findings;	<input type="checkbox"/>	0
A SERVICES/TREATMENT SUMMARY consider?					
12344	5/6/2008	35	iii. cultural preferences/considerations for service provision;	<input type="checkbox"/>	0
A SERVICES/TREATMENT SUMMARY consider?					
12344	5/6/2008	36	iv. services or supports provided and response to treatment	<input type="checkbox"/>	0
A SERVICES/TREATMENT SUMMARY consider?					
12344	5/6/2008	37	v. overall functioning over time since the last assessment;	<input type="checkbox"/>	0
A SERVICES/TREATMENT SUMMARY consider?					
12344	5/6/2008	38	vi. significant events/trauma since the last assessment/review including any hospitalizations and or	<input type="checkbox"/>	0
A SERVICES/TREATMENT SUMMARY consider?					
12344	5/6/2008	39	vii. arrests and or incarcerations.	<input type="checkbox"/>	0
A SERVICES/TREATMENT SUMMARY consider?					
12344	5/6/2008	40	B. All Currently prescribed medications and dosages, including medications prescribed for other physical/medical conditions	<input type="checkbox"/>	0

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Universal Record Review - [Client_Review_Detail_FRM]

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Client ID Date Question # Question Description Yes or No Score

A SERVICES/TREATMENT SUMMARY consider?

12344 5/6/2008 41 C.A. describe person's current overall functioning and progress in reaching treatment objectives: 0

A SERVICES/TREATMENT SUMMARY consider?

12344 5/6/2008 42 D description of any significant long-term chronic risk factors 0

Does the CURRENT DIAGNOSTIC SUMMARY include

12344 5/6/2008 43 1. Axis I. DSM-IV TR Code Diagnosis Justification for diagnoses (es) 0

Does the CURRENT DIAGNOSTIC SUMMARY include

12344 5/6/2008 44 2. Axis II. DSM-IV TR Code Diagnosis Justification for diagnosis (es) 0

Does the CURRENT DIAGNOSTIC SUMMARY include

12344 5/6/2008 45 3. Axis III. The person's specific medical conditions 0

Does the CURRENT DIAGNOSTIC SUMMARY include

12344 5/6/2008 46 4. Axis IV. (Psychosocial or Environmental Stressors) 0

Does the CURRENT DIAGNOSTIC SUMMARY include

12344 5/6/2008 47 5. Axis V. (GAF or CGAS score) 0

Do RECOMMENDATIONS FOR CURRENT AND ONGOING SERVICE/TREATMENT inclu

12344 5/6/2008 48 1. List all prior goals that have not been achieved that still need to remain a focus of services/treatment 0

Do RECOMMENDATIONS FOR CURRENT AND ONGOING SERVICE/TREATMENT inclu

12344 5/6/2008 49 2. List any new goals for the service plan 0

Do RECOMMENDATIONS FOR CURRENT AND ONGOING SERVICE/TREATMENT inclu

12344 5/6/2008 50 3. List other ongoing needs or concerns that need to be addressed including coordination of care with PCP 0

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Universal Record Review - [Client_Review_Detail_FRM]

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Client ID Date Question # Question Description Yes or No Score

Do RECOMMENDATIONS FOR CURRENT AND ONGOING SERVICE/TREATMENT include

12344 5/6/2008 51 4. Identify any areas in the assessment that need to be reassessed due to significant changes e.g. person's condition/living environment/support structure 0

Do RECOMMENDATIONS FOR CURRENT AND ONGOING SERVICE/TREATMENT include

12344 5/6/2008 52 Signature and credentials of person completing the assessment 0

Do RECOMMENDATIONS FOR CURRENT AND ONGOING SERVICE/TREATMENT include

12344 5/6/2008 53 Date of the assessment occurred 0

Treatment Plans for Adults address the elements

12344 5/6/2008 54 Has a recovery goal/person family vision 0

Treatment Plans for Adults address the elements

12344 5/6/2008 55 List the person strength 0

Treatment Plans for Adults address the elements

12344 5/6/2008 56 The plan is based on the current assessment 0

Treatment Plans for Adults address the elements

12344 5/6/2008 57 The types and intensity of services are based on the needs of the individual 0

Treatment Plans for Adults address the elements

12344 5/6/2008 58 Has specific objectives to address the identified needs of the individual 0

Treatment Plans for Adults address the elements

12344 5/6/2008 59 Objectives are measurable 0

Treatment Plans for Adults address the elements

12344 5/6/2008 60 List the specific services and frequency of services to be provided to achieve the objective 0

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Universal Record Review - [Client_Review_Detail_FRM]

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Question for help

Client ID	Date	Question #	Question Description	Yes or No	Score
Treatment Plans for Adults address the elements					
12344	5/6/2008	61	Signature of the individual/guardian	<input type="text"/>	0
Treatment Plans for Adults address the elements					
12344	5/6/2008	62	Indication the individual agreed or disagreed with the plan	<input type="text"/>	0
Treatment Plans for Adults address the elements					
12344	5/6/2008	63	Signature of responsible provider staff	<input type="text"/>	0
Treatment Plans for Adults address the elements					
12344	5/6/2008	64	For individuals diagnosed with co-occurring psychiatric illness and substance abuse the treatment plan and/or progress notes includes therapy for both the psychiatric and	<input type="text"/>	0
Treatment Plans for Adults address the elements					
12344	5/6/2008	65	If diagnosed solely with a substance abuse/dependence disorder the treatment plan and/or progress notes includes appropriate therapy and supports based on the	<input type="text"/>	0
Treatment Plans for Adults address the elements					
12344	5/6/2008	66	For individuals diagnosed with co-occurring psychiatric illness and substance abuse or solely with a substance abuse/dependence progress notes and interventions	<input type="text"/>	0
Treatment Plans for Adults address the elements					
12344	5/6/2008	67	Treatment plans were revised based on progress or lack of progress of the individuals overall condition	<input type="text"/>	0
Treatment Plans for Children address the elements					
12344	5/6/2008	68	i. reflect the family's prioritization of needs and goals;	<input type="text"/>	0
Treatment Plans for Children address the elements					
12344	5/6/2008	69	ii. incorporate pertinent identified strengths and cultural considerations within its strategies to achieve successful outcomes;	<input type="text"/>	0
Treatment Plans for Children address the elements					
12344	5/6/2008	70	iii. be individualized and responsive to the child and family's needs;	<input type="text"/>	0

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Universal Record Review - [Client_Review_Detail_FRM]

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Client ID Date Question # Question Description Yes or No Score

Treatment Plans for Children address the elements

12344 5/6/2008 71 iv. assign responsibility to CFT members for each strategy/intervention/task and establish timelines for implementation; 0

Treatment Plans for Children address the elements

12344 5/6/2008 72 v. utilize both formal and informal/natural supports and services as indicated; 0

Treatment Plans for Children address the elements

12344 5/6/2008 73 vi. identify natural supports and connections to community supports which may need to be developed or re-energized; 0

Treatment Plans for Children address the elements

12344 5/6/2008 74 vi. identify outcomes actions and strategies/interventions/tasks related to the family's vision for the future 0

Treatment Plans for Children address the elements

12344 5/6/2008 75 vii. include measures by which the child/family and CFT can monitor progress. 0

Ongoing Crisis planning for Children includes the elements

12344 5/6/2008 76 i. Anticipates crises based on knowledge of past behavior as an indicator of future behavior; 0

Ongoing Crisis planning for Children includes the elements

12344 5/6/2008 77 ii. Researches past crises to identify for each situation the preceding behaviors impulsive behavioral responses (thought and action) and the consequent behaviors 0

Ongoing Crisis planning for Children includes the elements

12344 5/6/2008 78 iii. Changes over time in response to what is known to be effective or ineffective interventions; 0

Ongoing Crisis planning for Children includes the elements

12344 5/6/2008 79 iv. Contains clear behavioral benchmarks that change over time to reflect progress changing capacities and changes in the child/family's expectations; 0

Ongoing Crisis planning for Children includes the elements

12344 5/6/2008 80 v. Triage the intensity of response actions to align with the severity level of the crisis situation; 0

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Universal Record Review - [Client_Review_Detail_FRM]

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Client ID Date Question # Question Description Yes or No Score

Ongoing Crisis planning for Children includes the elements

12344 5/6/2008 81 vi. Anticipates a 24 hour crisis response; 0

Ongoing Crisis planning for Children includes the elements

12344 5/6/2008 82 vii. Builds roles for family members and other natural support people as responders in crisis situations; 0

Ongoing Crisis planning for Children includes the elements

12344 5/6/2008 83 viii. Clearly defines roles of other CFT members and how they support the mission of the crisis plan; 0

Ongoing Crisis planning for Children includes the elements

12344 5/6/2008 84 ix. Utilizes input from the child/family on what can go wrong with the plan and responds accordingly 0

Ongoing Crisis planning for Children includes the elements

12344 5/6/2008 85 x. Evaluates the management of the crisis and effectiveness of the plan once the crisis has stabilized. 0

Staff Actively engage the following in the treatment plan process

12344 5/6/2008 86 a. Individual 0

Staff Actively engage the following in the treatment plan process

12344 5/6/2008 87 b. Family 0

Staff Actively engage the following in the treatment plan process

12344 5/6/2008 88 c. Other Agencies 0

Outreach/follow up occurs 7 days after

12344 5/6/2008 89 a. Individual 0

Outreach/follow up occurs 7 days after

12344 5/6/2008 90 b. Missed Appointments 0

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Universal Record Review - [Client_Review_Detail_FRM]

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Client ID	Date	Question #	Question Description	Yes or No	Score
Outreach/follow up occurs 7 days after					
12344	5/6/2008	91	c. Crisis Episodes	<input type="text"/>	0

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